NIA IMPACT COLLABORATORY
TRANSFORMING DEMENTIA CARE

Results and lessons learned from the Hospice Advanced Dementia Symptom Management and Quality of Life (HAS-QOL) embedded pragmatic clinical trial

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Housekeeping

- All participants will be muted
- Enter **all questions** in the Zoom **Q&A/chat box** and send to Everyone
- Moderator will review questions from chat box and ask them at the end
- Want to continue the discussion? Associated podcast released about 2 weeks after Grand Rounds
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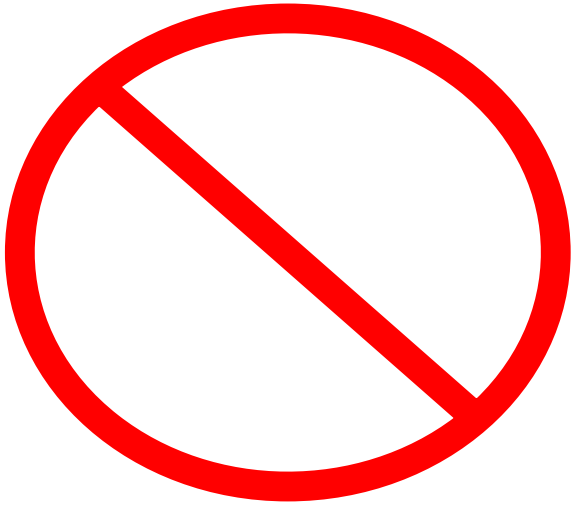
Learning Objectives

Upon completion of this presentation, you should be able to:

- Understand the current gaps and challenges in providing effective care to PLWD and their CP in hospice
- Describe the process of preparing for a full-scale ePCT
- Summarize challenges and effective solutions, including human support and technology-based strategies, to sustain interdisciplinary dementia care workforce training in hospice settings amid COVID-19 in a 25-site ePCT.

DISCLOSURES



There is NO conflict of interest or relevant financial relationships to disclose that exist now or in the past 12 months

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- The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

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- Project Director: Dr. Shih-Yin Lin
- Operations Lead: Aditi Durga
- Data Manager: Ariel Ford
- Statistical Manager: Yifan Xu
- Caregiver Rep: Liz Weingast
- Participating Hospices and Organizational Leadership from NPHI

Background

AGE-FRIENDLY HEALTH

By Krista L. Harrison, Irena Cenzer, Claire K. Ankuda, Lauren J. Hunt, and Melissa D. Aldridge

Hospice Older A Their La

Original Investigation | Geriatrics

June 9, 2022

Racia and H Medi

JOURNAL OF THE AMERICAN GERIATRICS SOCIETY

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Articles

Rac Hos

Dementia Caregivers and Live Discharge from Hospice: What Happens When Hospice Leaves?

Pei-Jung Lin,

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Sara J

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Stephanie P. Wladkowski

Pages 138-154 | Received 04 Aug 2016, Accepted 09 Dec 2016, Accepted author version posted online: 20 Dec 2016, Published online: 17 Feb 2017

Download citation https://doi.org/10.1080/01634372.2016.1272075 Check for updates

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lion in 2021 to 88

zheimer's

om cancer

- Persons li and other
- Very few dementia

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Original Investigation | Caring for the Critically Ill Patient

FREE

October 5, 2021

Effect of Prophylactic Subcutaneous Scopolami Patients a The SILEN

Harriëtte J. van Esch, MD

Author Affiliations |

JAMA. 2021;326(13):1268

ELSEVIER

Journal of Pain and Symptom Management

Volume 59, Issue 2, February 2020, Pages 365-371

Special Article

Challenges in Implementing Hospice Clinical Trials: Preserving Scientific Integrity While Facing Change

Debra Parker Oliver MSW, PhD [a], Karla T. Washington MSW, PhD [a], George Demiris PhD [b], Patrick White MD [c]

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https://doi.org/10.1016/j.jpainsymman.2019.09.028

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Hospice Interventional Research

- Few studies have attempted to implement interventions in hospice
- Unique opportunities and challenges to implementation exist
- EXAMPLES:
  - SILENCE Trial
  - ACCESS Trial

Mission Moment

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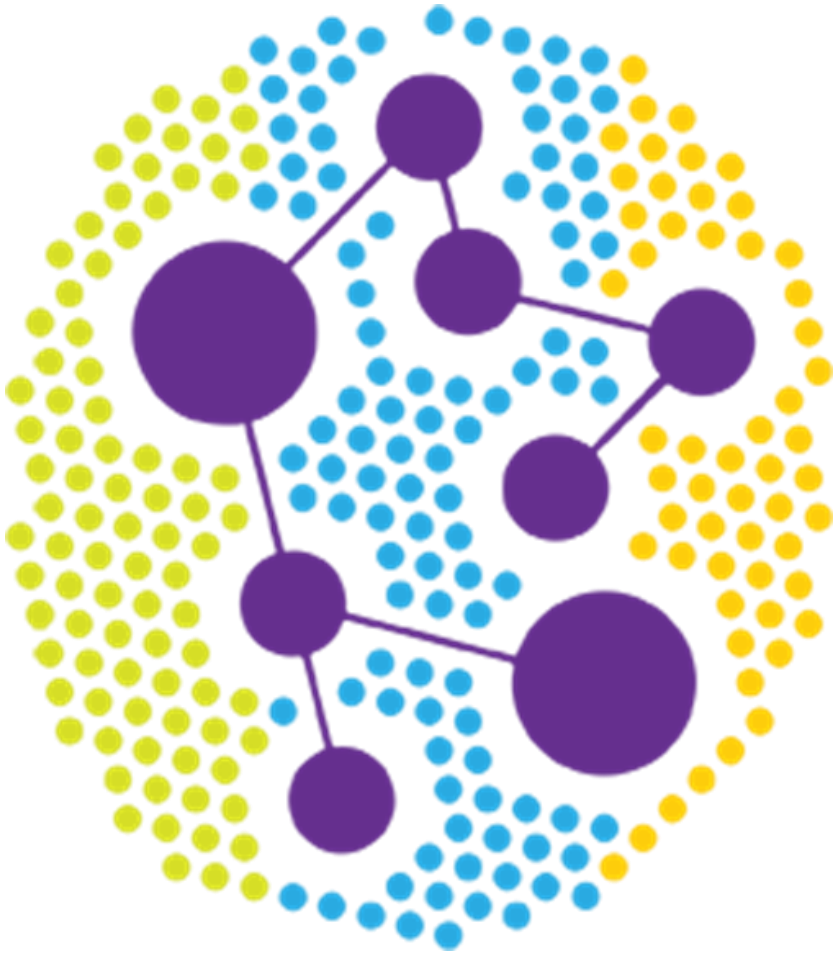
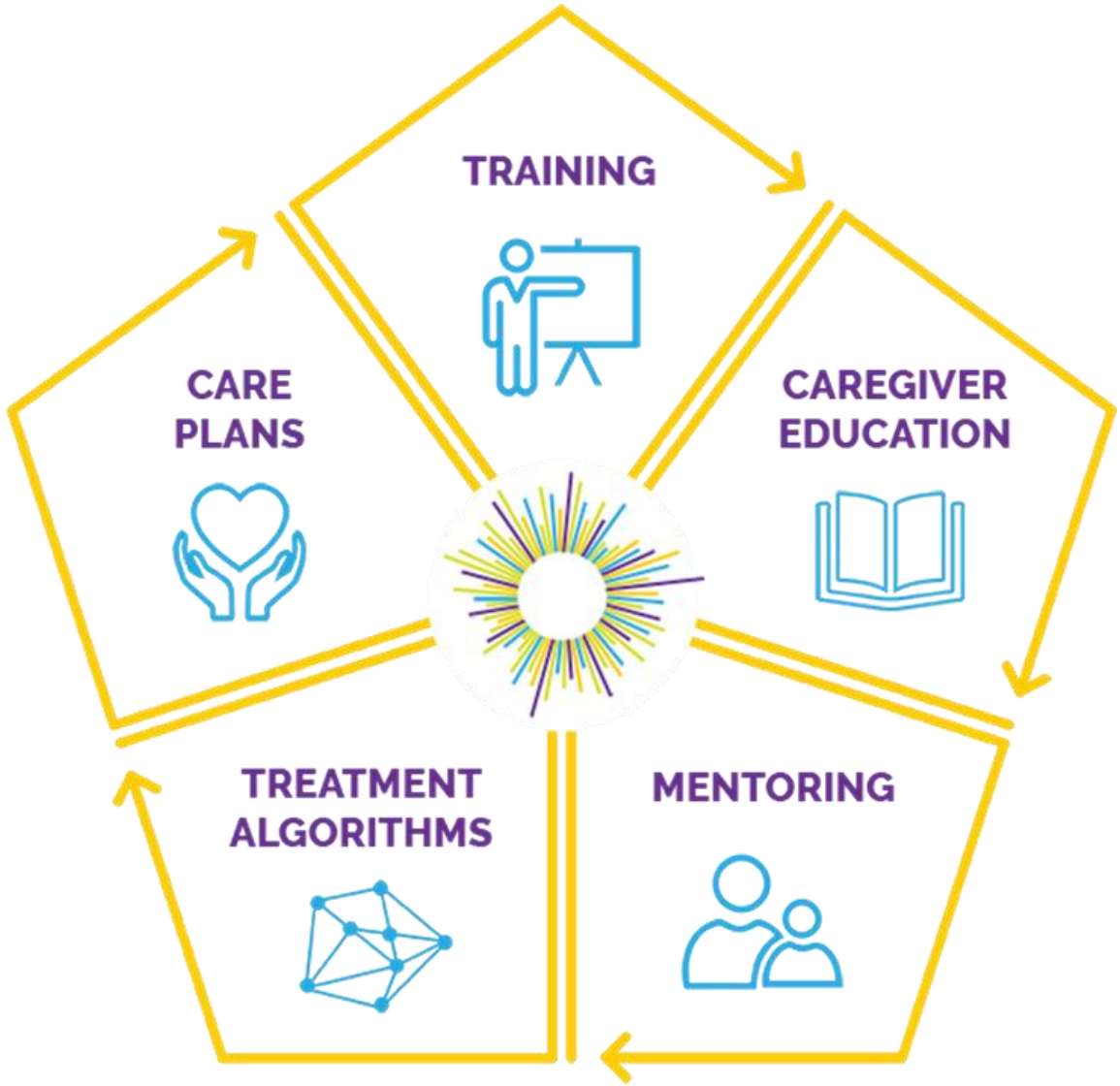


Our Goal

We developed Aliviado Dementia Care to help interdisciplinary care teams provide comprehensive, compassionate, evidence-based symptom management and support for Persons living with dementia and their care partners

Our Solution

- Aims to be a comprehensive program using compassionate, evidence based approaches for IDT members in hospice to use while managing symptoms in PLWD
- QAPI program to change hospice cultures and advance their expertise in the complexities of care



Aliviado Dementia Care Program Overview

This study seeks to test Aliviado Dementia Care-Hospice Edition in a 25-site randomized stepped wedge embedded pragmatic clinical trial. QAPI Program consist of the following components:

Champion Roles, Specialized Training, and Mentorship

Interprofessional Training

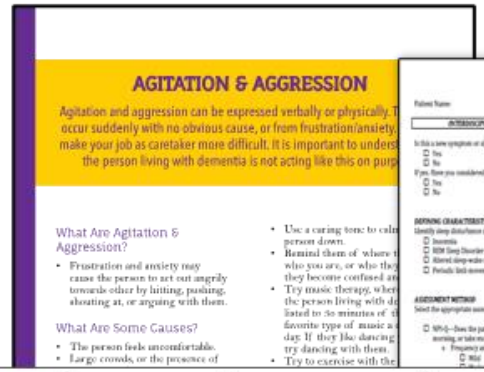
Resource Tool Box:
Assessments, Treatment Algorithm, Care Plans,
Caregiver Education materials &
Aliviado mHealth APP

Aliviado Toolbox

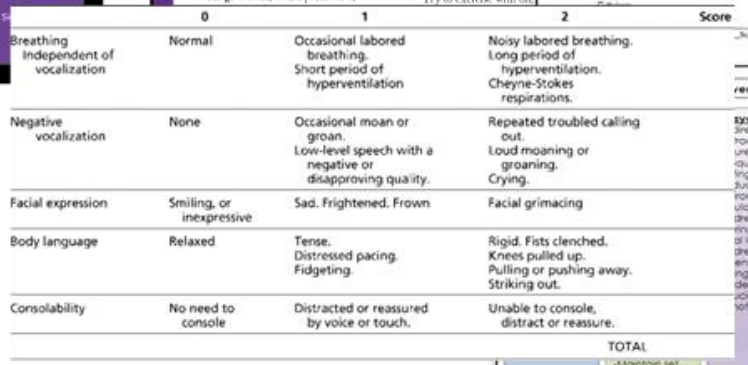
- **7 Assessment Validated Instruments**
- **8 Interdisciplinary Care Plans**
- **2 Treatment Algorithms** for BPSD and terminal delirium
- **21 Caregiver Education Material** available in English and Spanish
- **8 Treatment Algorithms**
- **The Aliviado App** (HIPPA Compliant)

HIPPA Compliant Mobile App

Caregiver Education Pamphlets English/Spanish

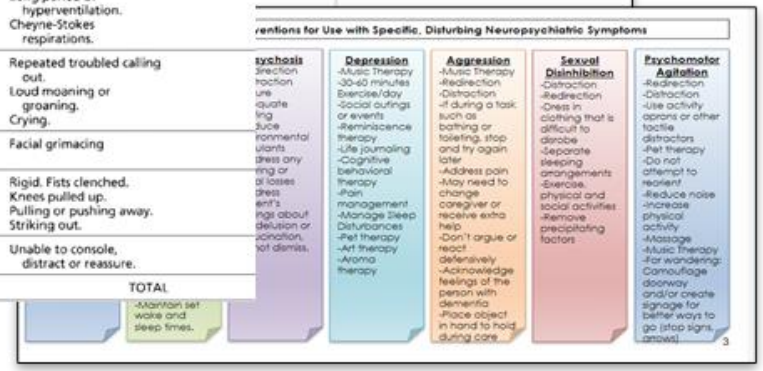


Care Plans



	0	1	2	Score
Breathing Independent of vocalization	Normal	Occasional labored breathing. Short period of hyperventilation	Noisy labored breathing. Long period of hyperventilation. Cheyne-Stokes respirations.	
Negative vocalization	None	Occasional moan or groan. Low-level speech with a negative or disapproving quality.	Repeated troubled calling out. Loud moaning or groaning. Crying.	
Facial expression	Smiling, or inexpressive	Sad. Frightened. Frown	Facial grimacing	
Body language	Relaxed	Tense. Distressed pacing. Fidgeting.	Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out.	
Consolability	No need to console	Distracted or reassured by voice or touch.	Unable to console, distract or reassure.	
			TOTAL	

Assessment Tools/Instruments



Symptom Management Algorithm

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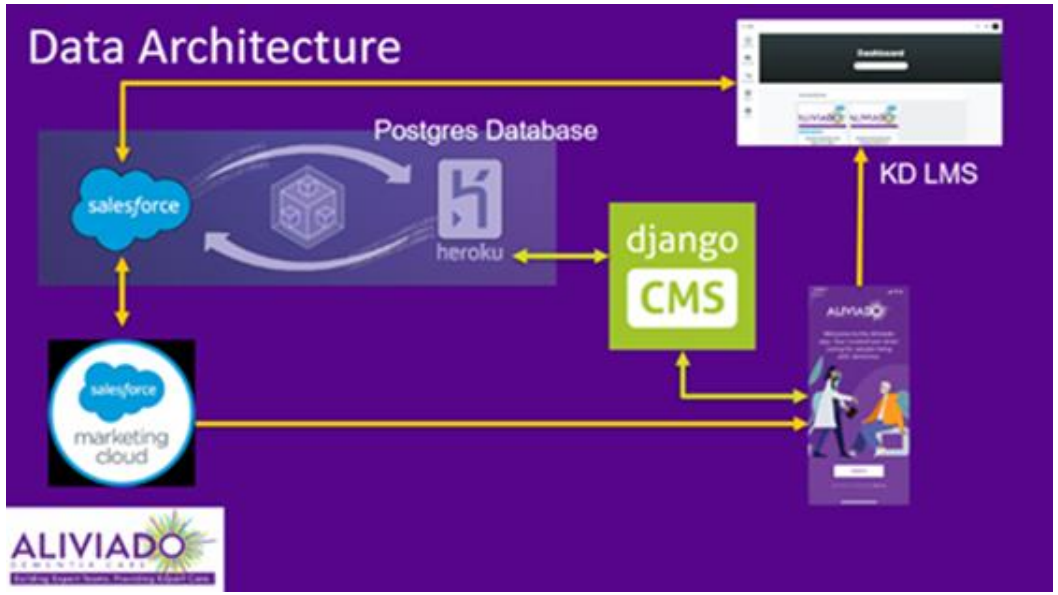
Aliviado Implementation System



- Users nested within organizations and their usage statistics
- Mhealth App data (patient data and user behaviors)
- Online training progress
- Clinician turnover
- Marketing engagement; tailored, behavioral economics driven mobile push notifications and email interactions
- Quarterly and annual surveys of implementation perception
- Notes on individual organization challenges and facilitators

Agile Co-Design Process

Study Overview

Target Population

- PLWD receiving hospice
- Primary focus in home hospice with primary dx of AD/ADRD
- Secondary focus in other settings (nursing home, assisted living) and secondary dx of AD/ADRD

Study design

- 25-hospice randomized stepped wedge

Study Overview

Clinical Endpoints

- **Antipsychotic use (primary outcome)**
- Analgesic use
- Site of death
- Transfers at end of life
- Live discharge
- Permanent institutionalization
- Level of care (continuous care, general inpatient care, respite)
- Bereaved caregiver satisfaction

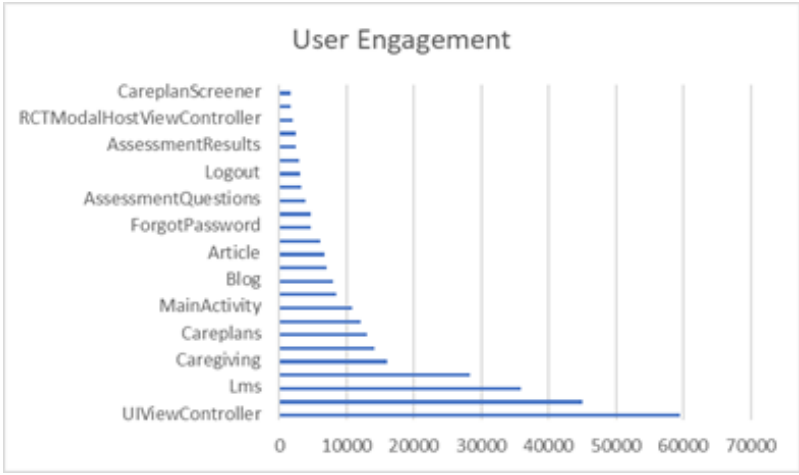
Study Overview

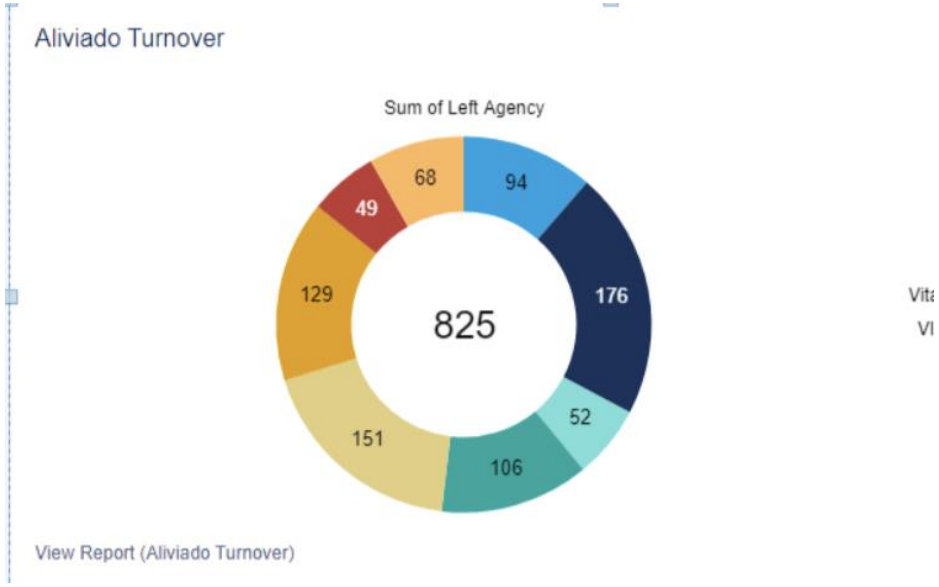
Designing with Equity in Mind

- Intervention includes training in cultural differences and role of culture in AD/ADRD and caregiving
- Hospices selected to include diverse participants, regional and for-profit variation
- Sub-analysis in racial and ethnic minoritized individuals pre-specified
- Examination of within racial and ethnic group differences,
- Sub analysis of rural differences, ADI, will be performed

Implementation/Fideliyy Measurement

- Online and Champion training completion
- Change in staff knowledge/confidence/attitudes, & intention to change practice
- Clinician turnover, well being and quality of life
- Marketing engagement; mobile push notifications and email interactions
- All Mhealth App events
- Quarterly and annual surveys
- Completion of toolbox instruments; assessment and care plan





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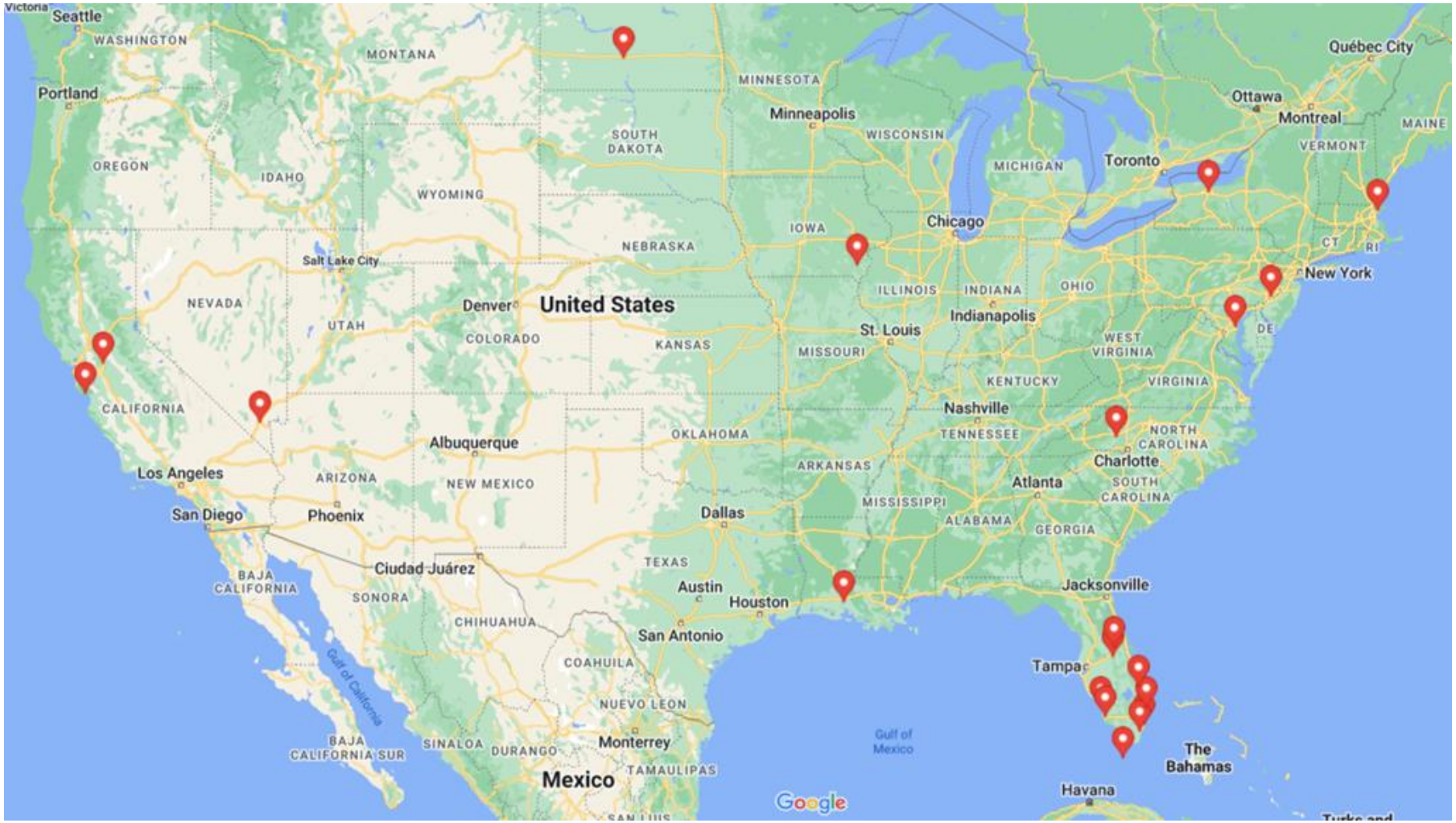
Implementation Locations



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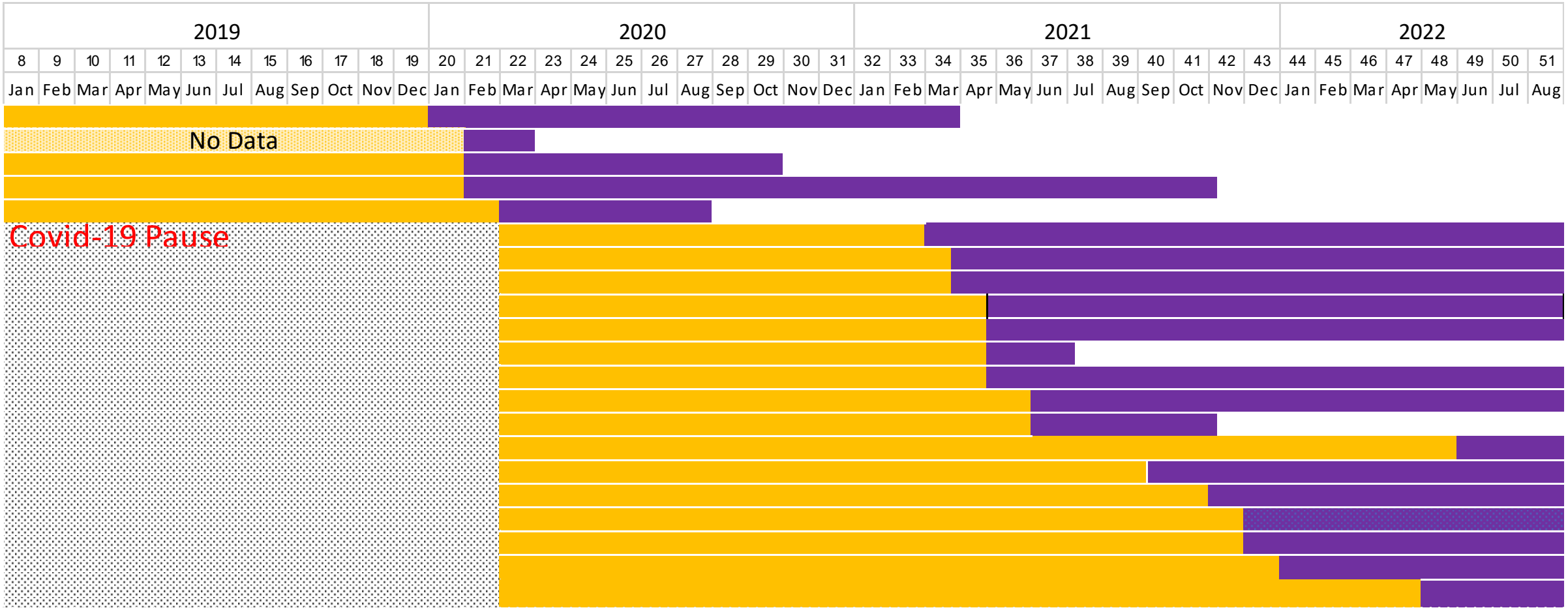
Overall Implementation



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Enrollment*

Characteristics		N (%)
Total Enrolled:		30506 (100)
Gender	Male	11161 (36.6)
	Female	19345 (63.4)
Ethnicity	Hispanic or Latino	6678 (21.9)
Race	American Indian or Alaska Native	54 (0.2)
	Asian	254 (0.8)
	Black or African American	2693 (8.8)
	Native Hawaiian or Other Pacific Islander	27 (0.1)
	White	20278 (66.5)
	Other	419 (1.4)
	Unknown	53 (0.2)
	Missing	50 (0.2)
Living Location	Urban	26916 (88.2)
	Rural	1339 (4.4)
	Missing	2251 (7.4)
Dementia Diagnosis	Primary	8881 (29.1)
	Secondary	21622 (70.9)
	Missing	3 (0.0)
Insurance	Medicaid	29006 (95.1)
	Medicare	312 (1.0)
	Private	229 (0.8)
	Self or No Insurance	270 (0.9)
	Government	126 (0.4)
	Other	562 (1.8)
	Missing	1 (0.0)
Age	Mean (SD)	86.4 (8.4)
	Median (Range)	87.0 (50-113)

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*awaiting data from final site

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Antipsychotic and GIP Rates

Preferred Term	Total # of patients*	# patients with at least 1 event	% patients with at least 1 event	Total # of events
General Inpatient Hospice Care Use	29,201	8,462	29.0	11,640
Increase in Antipsychotic Use (Not in the last 7 days of life)	29,201	10,195	34.9	11,967

*Currently missing partial information on service data (n = 1305).

Expected SAE

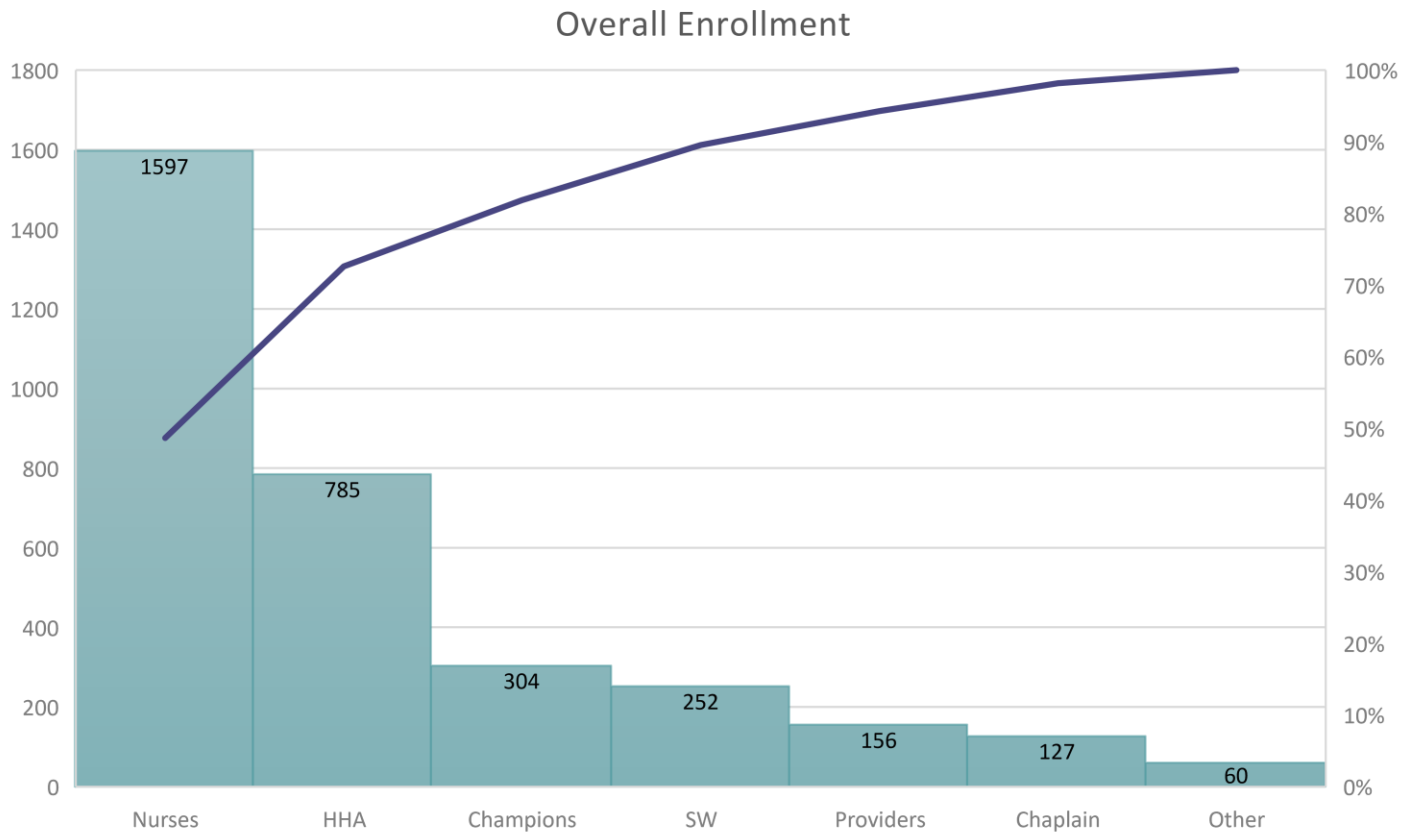
Preferred Term	Total # of patients*	# patients with at least 1 event	% patients with at least 1 event	Total # of events
Death	29,201	18,866	64.6	18,866
Elective Revocation by Family	29,201	1,739	6.0	3,353
Transfer/Service Move	29,201	1,372	4.7	2,582
Discharged due to cause (patient behavior)	29,201	9	0.0	13
Loss of eligibility disqualification	29,201	1,374	4.7	3,995

*Currently missing partial information on service data (n = 1305).

Training Enrollment

- We successfully trained **336** (100%) Champions
- **2132** skilled hospice IDT members (not counting champions) has access to discipline-specific Aliviado dementia care training

Breakdown:
156 providers
1597 nurses
252 social workers
127 chaplains



Champion Training- Results

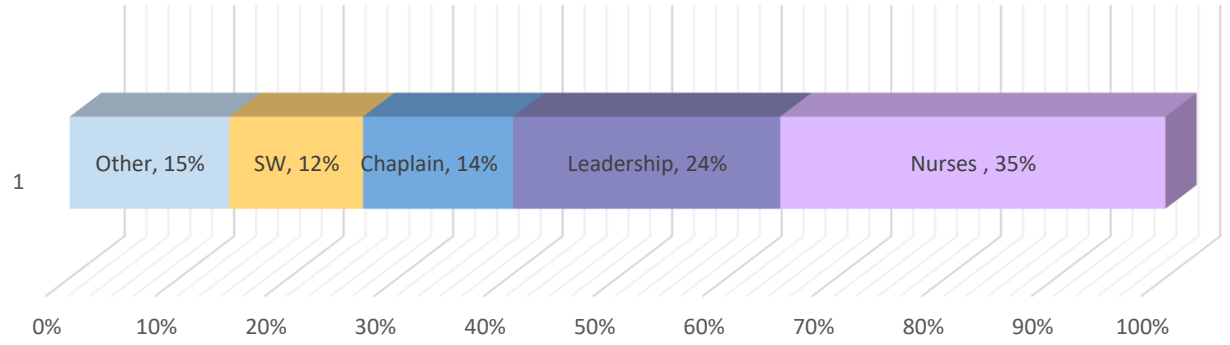
- 25 Hospices randomized in Aliviado Dementia Care Program:
  - 3 Enrolled but did not start
  - 3 Dropped part way through implementation
  - All dropped due to staffing crisis r/t COVID-19

- 10/25 Sites (40%) Completed Champion Training **on Time**

- 9/25 Sites (36%) Completed Champion Training Late
  - Time constraint to schedule training for some agencies
  - Created and Offered Accelerated Champion Training (ACT) as a solution (5 CE online + 2 CE live virtual training).
  - 3 Agencies used ACT Option

Pre-Covid Pilot Rate: 100% at 2 pilot sites

Champion Breakdown



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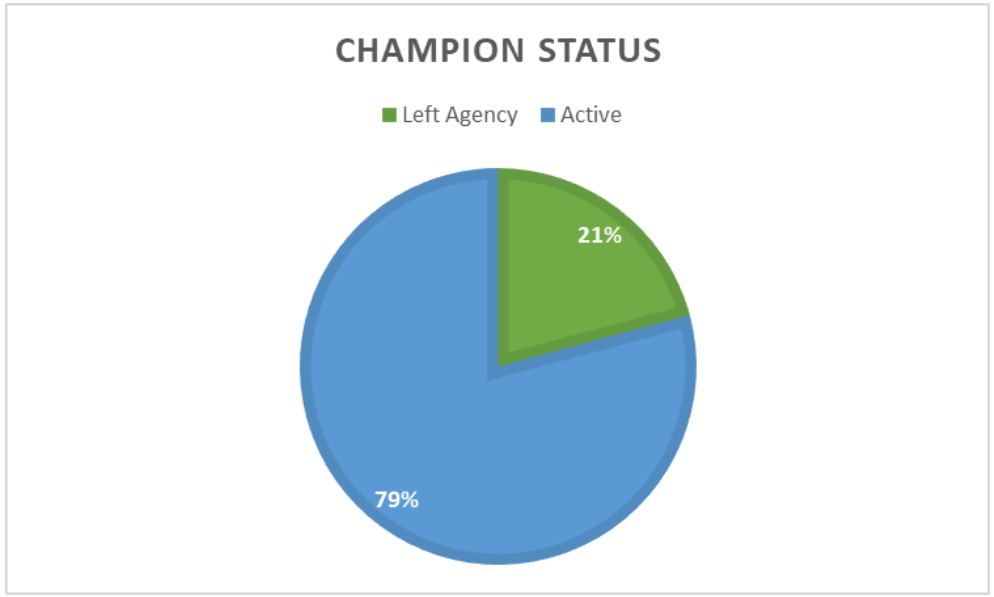
Champion Training Outcomes

- We successfully trained 336 Champions
- 144 champions (42.8%; 97 nurses, 27 social workers, 16 chaplains, and 5 providers) completed pre- and post-training dementia knowledge surveys.
- 94% of the champions agreed all learning objectives were met.
- There was a 21% Turnover rate within the Champion Community.
- Difficult to replace champions after champion training was completed.



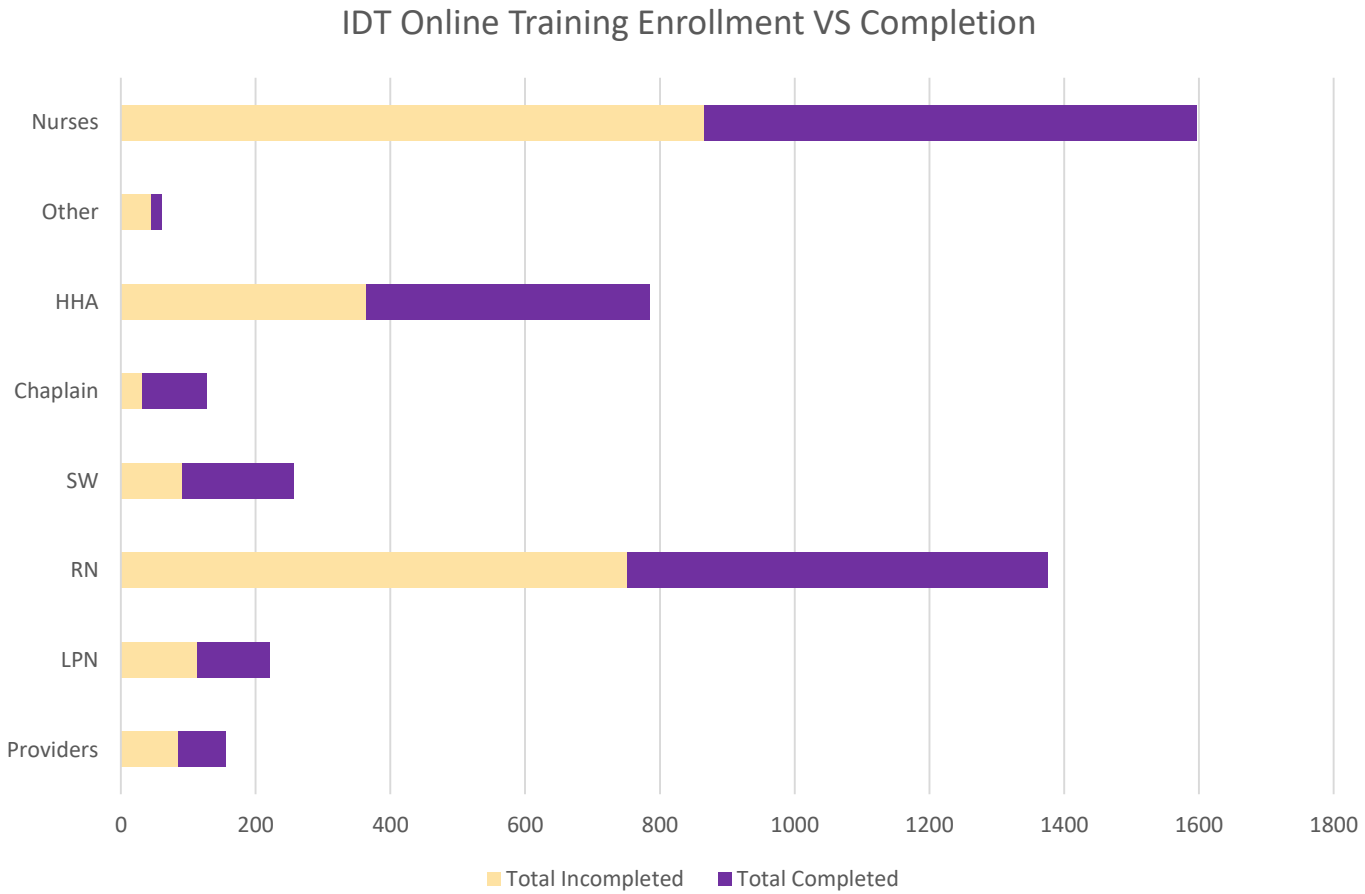
Aliviado Original MOP	Aliviado Adaptations During Covid-19
2-Day In-person Interactive Training days at Hospice site.	2-Day or 5-Day Interactive Training
	Accelerated Champion Training (2-hour + Asynchronous)

Online IDT Training Results

- Chaplain: 76% completion
- SW (Social Worker): 64% completion
- LPN (Licensed Practical Nurse): 48% completion
- HHA (Home Health Aide): 54% completion
- Providers: 46% completion
- RN (Registered Nurse): **45% completion**
- Other: 25% completion

Pre-Covid Pilot Rate: 92% at 2 pilot sites

Significant improvements in knowledge, confidence, attitudes, intent to implement in practice across all groups



Case Studies

Implementation Expectation

AGENCY	APP	CHAMPION TRAINING	ONLINE TRAINING	TOOLBOX INTEGRATION	CLINICAL WORKFLOW	CLINICAL IMPLEMENTATION
1	✓	✓	✓	✓	✓	✓
2	✗	✓	✓	✓	✓	✗
3	✗	✓	✓	✗	✗	✗

Implementation Comparison

Hospice	EHR System	Implementation Completion	Notes	Training Completion
1	Netsmart	Champion Training IDT Training MCSI, NPI-Q All Care plans	MCSI- Chaplain NPI-Q- SW Aliviado Caregiver Article booklet and bulletin board Onboarding and clinical workflow education created	88%
2	Wellsky	Champion Training IDT Training	NPI-Q - RN CAM- RN MCSI- SW PIECES in Intranet Onboarding and clinical workflow education created	73%
3	Paper chart	Champion Training IDT Training, THINK Pages	No Toolbox intergration	Site 1- 91% Site 2- 56% Site 3- 37% Site 4- 75% Site 5- Alternative Training Site 6- Alternative Training

Agency 1: Process and Tailoring

- Designated an Aliviado Dementia Care Planning Committee

- Planning Committee met with their assigned Aliviado Implementation Team to:
  - Test Aliviado App
  - Select Champion Team and Training Dates
  - Review Aliviado Toolbox Material
  - Discuss Integration Recommendations
  - Set Date for Implementation Planning Call

- Trained all employees in addition to IDT members

- Implemented clinical workflow training for:
  - MCSI- Chaplain
  - NPI-Q- SW
  - To avoid RN burnout, SW were charged with communicating with nurses about pharmacological needs.
  - All Aliviado Care Plans
  - Created Aliviado Caregiver Article booklets and bulletin board
  - Onboarding and clinical workflow education created using PowerPoint for onboarding training

Agency 1 Timeline

Component	Goal Rollout	Agency Rollout
Implementation Planning	2 Weeks	1 Month
Champion Training	2- 5 Days	3 Days over 1 Month
Online Training (80% Completion)	1 Month	2 Months
Integration	1 Month	6 Month
Rollout	3 Months	8 Months

Completion Rate	Date
60%	3rd August 2021
76%	19th-25th August 2021
78%	9th September 2021
82%	15th September 2021
83%	20th-28thSeptember 2021
91%	20th-28thOctober 2021

Online Training

Agency 1: Results

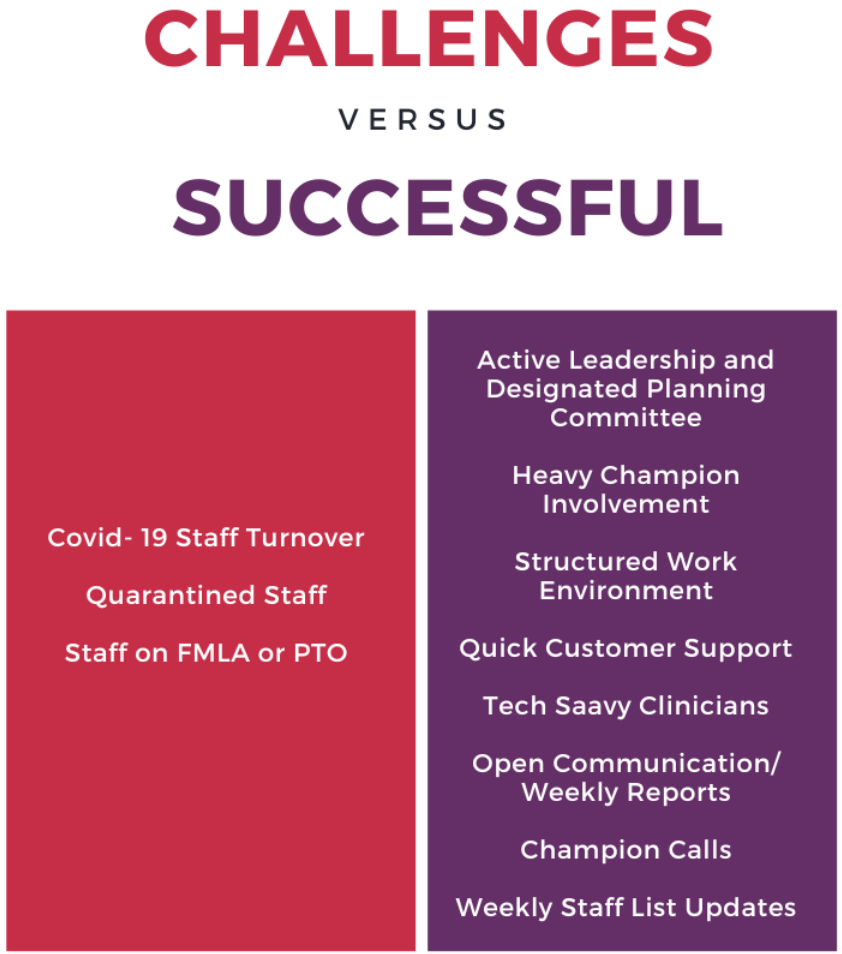
- After 10 months, 0.3 % away from meeting their goal for reduction in antipsychotics medication
- Increased music therapy referrals over 10% of set goal and use of respite by 0.6%

Aliviado Project- For Dementia Patients:	2021 ('before')	Current YTD	Goal
1. Reduction in use of anti-psychotic meds** by 10%	63.9%	57.9%	57.6%
2. Increase Music Therapy referrals by 10%	9.6%	22.8%	10.6%
3. 75% die in the place they call home	73.7%	71.0%	75%
4. Increase use of respite care at KBR by 10%	5.1%	6.2%	5.6%

Start Date= Jan 1, 2022 ***By When Date = July 1, 2022***

Agency 1: Lessons Learned

1. Integration Planning Calls are helpful to brainstorm, use as work sessions or pilot as a team.
2. Champions built confidence.
3. Seamless Leadership Transition.
4. Gave Aliviado Team more knowledge to advise other agencies on implementation recommendations.
5. Impressive performance that was measurable with PDSA goal Cycle.
6. Included Aliviado Team in Clinical Workflow Development.
7. Requested a general communication training for non IDT members.



Agency 2: Process and Tailoring

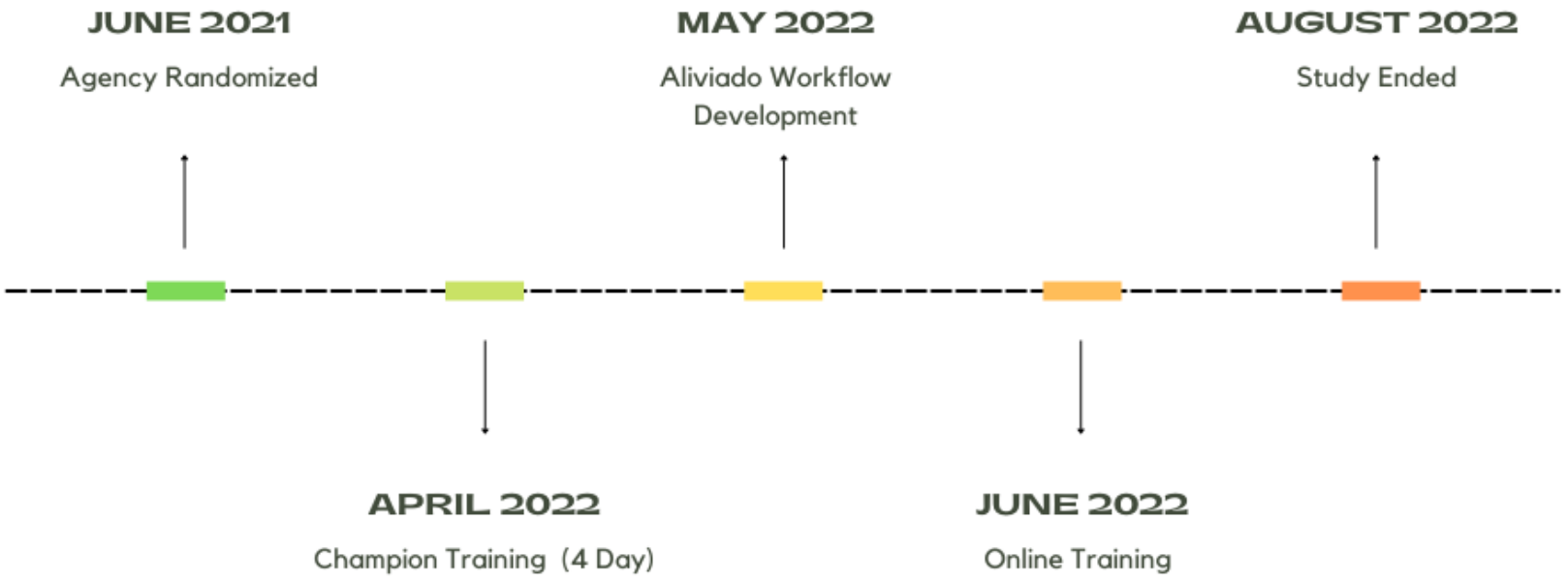
- Designated an Aliviado Dementia Care Planning Committee

- Planning Committee met with their assigned Aliviado Implementation Team to:
  - Choose not to use Aliviado App to avoid staff confusion and double work. This agency decided to only use the web based Aliviado Training.
  - Select Champion Team and Training Dates
  - Review Aliviado Toolbox Material
  - Discuss Integration Recommendations
  - Set Date for Implementation Planning Call

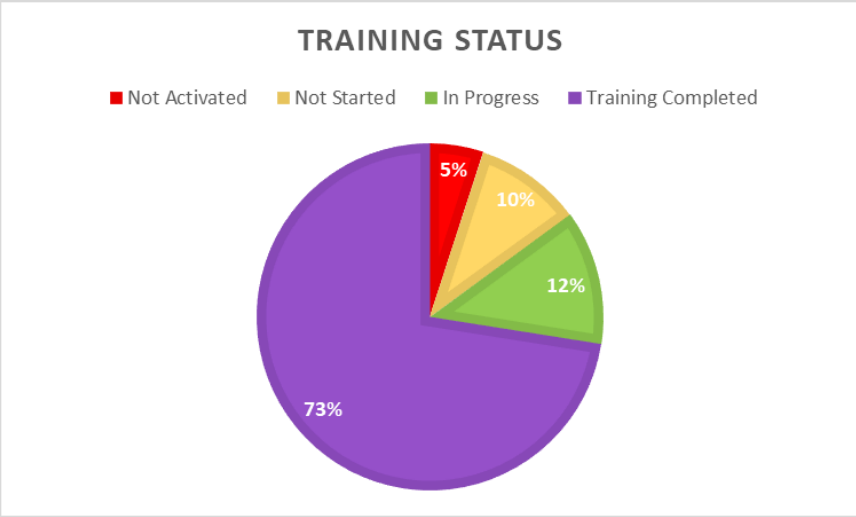
- Trained all employees in addition to IDT members

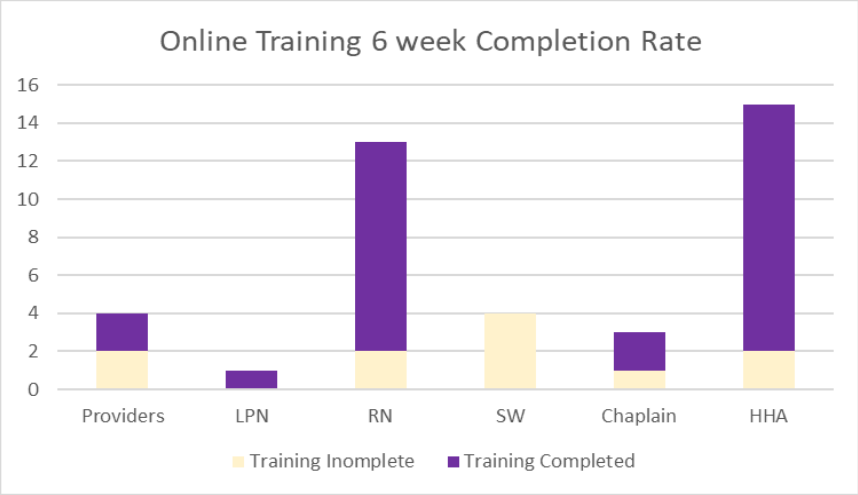
- Implemented clinical workflow training for:
  - NPI-Q and CAM for RNs
  - MCSI for SW
  - Caregiver Educational Materials in English and Spanish uploaded to website
  - PIECES Algorithms discussion at IDT meetings for Aliviado Patients
  - Customized Aliviado Dementia Care Program Cheat Sheet
  - Introductory Power Point for Clinical Managers Onboarding
  - Clinical workflow tutorial videos for onboarding training and reference places on Intranet

Agency 2 Timeline



Agency 2: Results





- Rolled out training one team at a time.
- Teams experience a lot of technical issues and confusion regarding locating training and app download.
- Team one had a **91%** and Team 2 had a **61%** completion rate at the end of training period.
- Training Period completed after 6 weeks

Agency 2: Lessons Learned

1. Covid-19 stalled Start up

2. Strong team collaboration internally supported the quickest toolbox integration process.

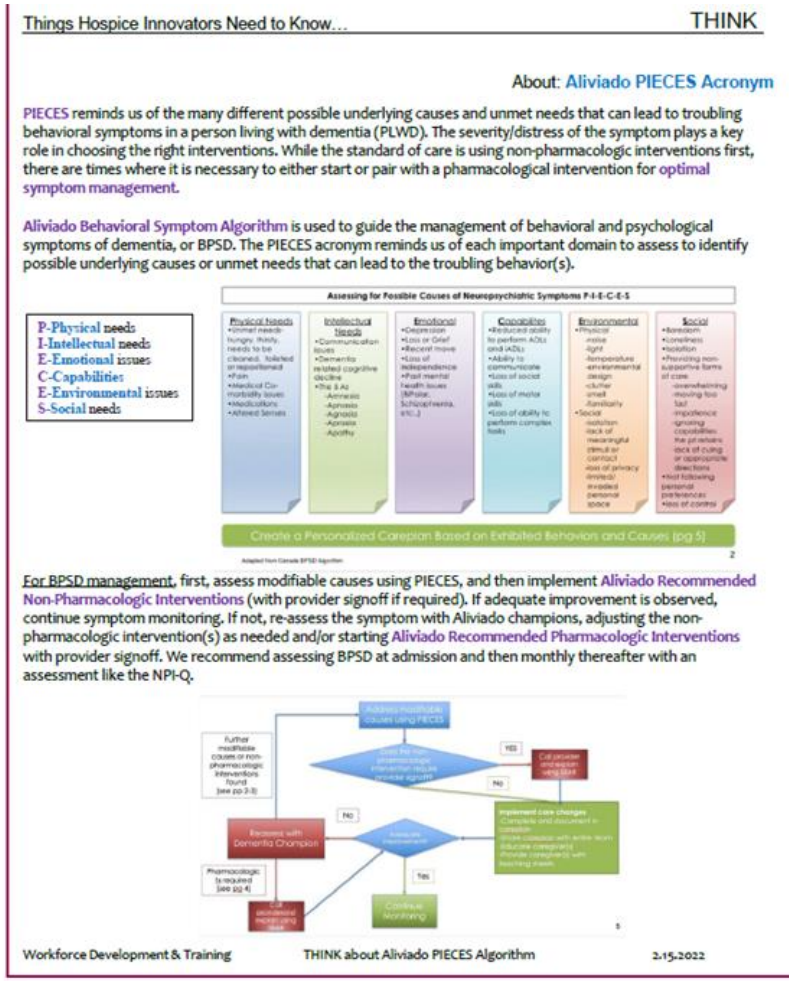
3. Although this agency started **10 months late,** implementation rollout and toolbox integration was the quickest.

4. Aliviado Team was able to strongly support implementation process using best practices used by other active agencies

Agency 3: Process and Tailoring

- Agency connected Aliviado Team with General Managers for 6 sites to host initial call.
- Implementation call with selected champions.
- 4 sites met with their assigned Aliviado Implementation Team to plan 2-day Champion Training at least 1 month prior to randomization month
- Developed THINK pages as alternative training method

Agency 3: Tailoring Alternative Training



Things Hospice Innovators Need to Know… THINK

About: Aliviado PIECES Acronym

PIECES reminds us of the many different possible underlying causes and unmet needs that can lead to troubling behavioral symptoms in a person living with dementia (PLWD). The severity/distress of the symptom plays a key role in choosing the right interventions. While the standard of care is using non-pharmacologic interventions first, there are times where it is necessary to either start or pair with a pharmacological intervention for optimal symptom management.

Aliviado Behavioral Symptom Algorithm is used to guide the management of behavioral and psychological symptoms of dementia, or BPSD. The PIECES acronym reminds us of each important domain to assess to identify possible underlying causes or unmet needs that can lead to the troubling behavior(s).

P-Physical needs
I-Intellectual needs
E-Emotional issues
C-Capabilities
E-Environmental issues
S-Social needs

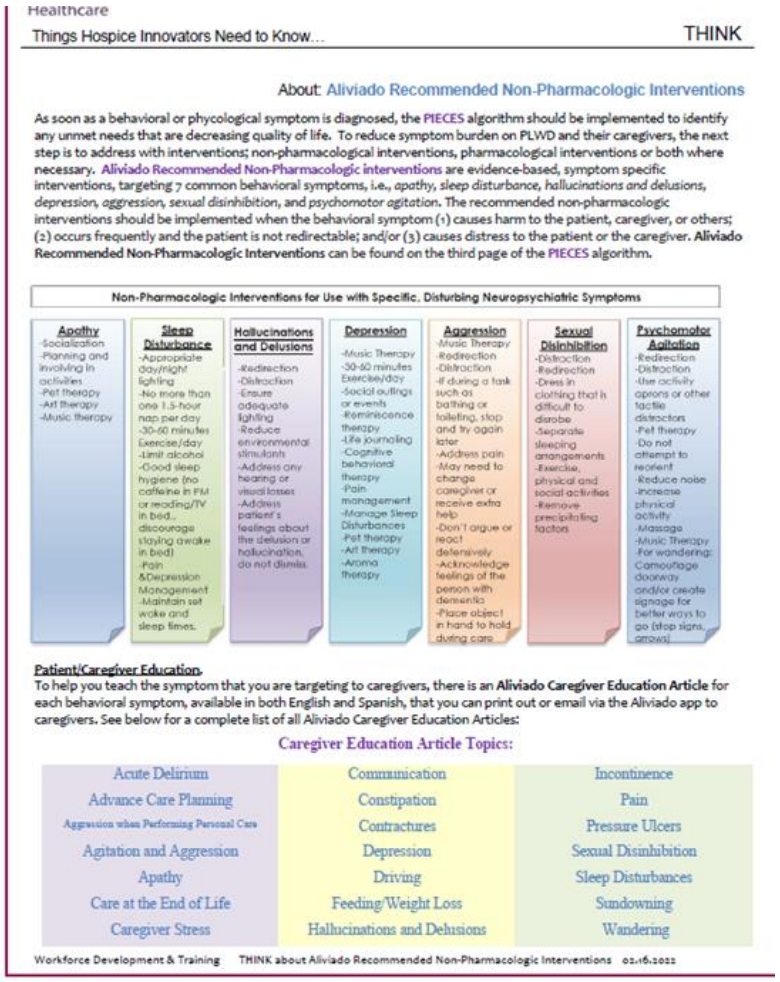
Assessing for Possible Causes of Neuropsychiatric Symptoms P-I-E-C-E-S

Physical Needs | Intellectual Needs | Emotional | Capabilities | Environmental | Social

Create a Personalized Careplan Based on Exhibited Behaviors and Causes (pg 5)

For BPSD management, first, assess modifiable causes using PIECES, and then implement Aliviado Recommended Non-Pharmacologic Interventions (with provider signoff if required). If adequate improvement is observed, continue symptom monitoring. If not, re-assess the symptom with Aliviado champions, adjusting the non-pharmacologic intervention(s) as needed and/or starting Aliviado Recommended Pharmacologic Interventions with provider signoff. We recommend assessing BPSD at admission and then monthly thereafter with an assessment like the NPI-Q.

Workforce Development & Training THINK about Aliviado PIECES Algorithm 2.15.2022



Healthcare

Things Hospice Innovators Need to Know… THINK

About: Aliviado Recommended Non-Pharmacologic Interventions

As soon as a behavioral or phycological symptom is diagnosed, the PIECES algorithm should be implemented to identify any unmet needs that are decreasing quality of life. To reduce symptom burden on PLWD and their caregivers, the next step is to address with interventions; non-pharmacological interventions, pharmacological interventions or both where necessary. Aliviado Recommended Non-Pharmacologic interventions are evidence-based, symptom specific interventions, targeting 7 common behavioral symptoms, i.e., *apathy, sleep disturbance, hallucinations and delusions, depression, aggression, sexual disinhibition, and psychomotor agitation*. The recommended non-pharmacologic interventions should be implemented when the behavioral symptom (1) causes harm to the patient, caregiver, or others; (2) occurs frequently and the patient is not redirectable; and/or (3) causes distress to the patient or the caregiver. **Aliviado Recommended Non-Pharmacologic Interventions** can be found on the third page of the PIECES algorithm.

Non-Pharmacologic Interventions for Use with Specific, Disturbing Neuropsychiatric Symptoms

Apathy	Sleep Disturbance	Hallucinations and Delusions	Depression	Aggression	Sexual Disinhibition	Psychomotor Agitation
-Socialization -Planning and involving in activities -Pet therapy -Art therapy -Music therapy	-Appropriate day/night lighting -No more than one 1.5-hour nap per day -30-60 minutes Exercise/day -Limit alcohol -Good sleep hygiene (no caffeine in PM or reading/TV in bed, discourage staying awake in bed) -Pain &Depression Management -Maintain set wake and sleep times.	-Redirection -Distraction -Ensure adequate lighting -Reduce environmental stimulants -Address any hearing or visual losses -Address patient's feelings about the delusion or hallucination, do not dismiss.	-Music Therapy -30-60 minutes Exercise/day -Social outings or events -Reminiscence therapy -Life journaling -Cognitive behavioral therapy -Pain management -Manage Sleep Disturbances -Pet therapy -Art therapy -Aroma therapy	-Music Therapy -Redirection -Distraction -If during a task such as bathing or toileting, stop and try again later -Address pain -May need to change caregiver or receive extra help -Don't argue or react defensively -Acknowledge feelings of the person with dementia -Place object in hand to hold during care	-Distraction -Redirection -Dress in clothing that is difficult to disrobe -Separate sleeping arrangements -Exercise, physical and social activities -Remove precipitating factors	-Redirection -Distraction -Use activity aprons or other tactile distractors -Pet therapy -Do not attempt to reorient -Reduce noise -Increase physical activity -Massage -Music Therapy -For wandering: Camouflage doorway and/or create signage for better ways to go (stop signs, arrows)

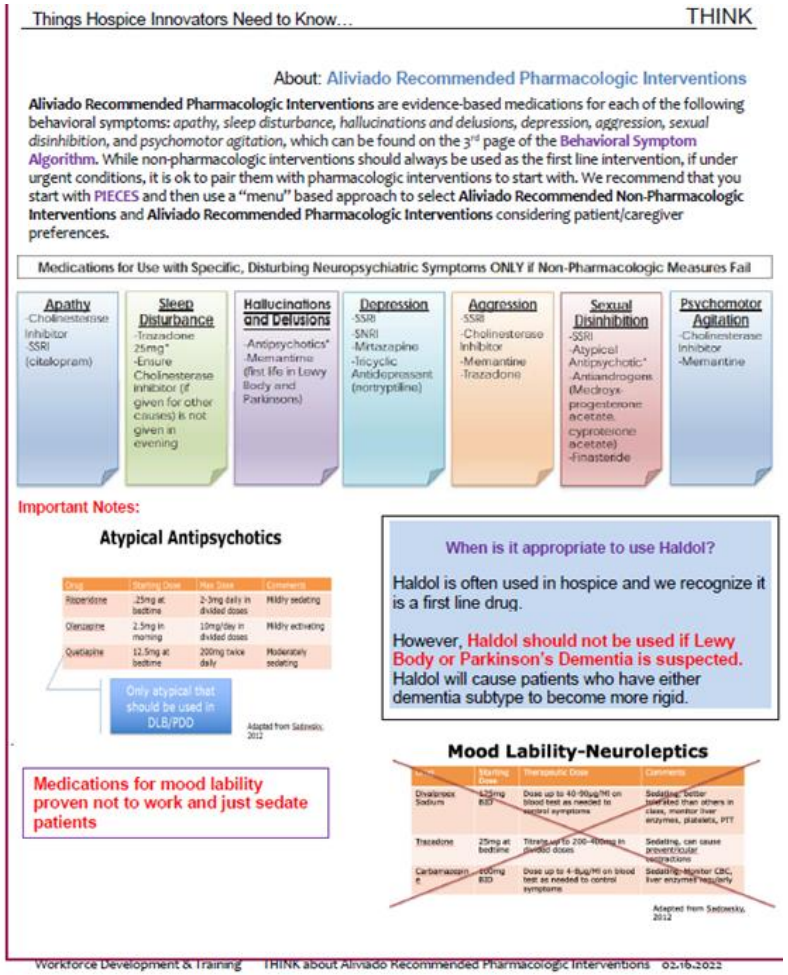
Patient/Caregiver Education

To help you teach the symptom that you are targeting to caregivers, there is an **Aliviado Caregiver Education Article** for each behavioral symptom, available in both English and Spanish, that you can print out or email via the Aliviado app to caregivers. See below for a complete list of all Aliviado Caregiver Education Articles:

Caregiver Education Article Topics:

Acute Delirium	Communication	Incontinence
Advance Care Planning	Constipation	Pain
Aggression when Performing Personal Care	Contractures	Pressure Ulcers
Agitation and Aggression	Depression	Sexual Disinhibition
Apathy	Driving	Sleep Disturbances
Care at the End of Life	Feeding/Weight Loss	Sundowning
Caregiver Stress	Hallucinations and Delusions	Wandering

Workforce Development & Training THINK about Aliviado Recommended Non-Pharmacologic Interventions 02.16.2022



Things Hospice Innovators Need to Know… THINK

About: Aliviado Recommended Pharmacologic Interventions

Aliviado Recommended Pharmacologic Interventions are evidence-based medications for each of the following behavioral symptoms: *apathy, sleep disturbance, hallucinations and delusions, depression, aggression, sexual disinhibition, and psychomotor agitation*, which can be found on the 3rd page of the Behavioral Symptom Algorithm. While non-pharmacologic interventions should always be used as the first line intervention, if under urgent conditions, it is ok to pair them with pharmacologic interventions to start with. We recommend that you start with PIECES and then use a "menu" based approach to select **Aliviado Recommended Non-Pharmacologic Interventions** and **Aliviado Recommended Pharmacologic Interventions** considering patient/caregiver preferences.

Medications for Use with Specific, Disturbing Neuropsychiatric Symptoms ONLY if Non-Pharmacologic Measures Fail

Apathy	Sleep Disturbance	Hallucinations and Delusions	Depression	Aggression	Sexual Disinhibition	Psychomotor Agitation
-Cholinesterase Inhibitor -SSRI (citalopram)	-Trazadone 25mg* -Ensure Cholinesterase Inhibitor (if given for other causes) is not given in evening	-Antipsychotics* -Memantine (first life in Lewy Body and Parkinsons)	-SSRI -SNRI -Mirtazapine -Tricyclic Antidepressant (nortryptiline)	-SSRI -Cholinesterase Inhibitor -Memantine -Trazadone	-SSRI -Atypical Antipsychotic* -Antiandrogens (Medroxyprogesterone acetate, cyproterone acetate) -Finasteride	-Cholinesterase Inhibitor -Memantine

Important Notes:

Atypical Antipsychotics

Drug	Starting Dose	Max Dose	Comments
Risperidone	.25mg at bedtime	2-3mg daily in divided doses	Mildly sedating
Olanzapine	2.5mg in morning	10mg/day in divided doses	Mildly activating
Quetiapine	12.5mg at bedtime	200mg twice daily	Moderately sedating

Only atypical that should be used in DLB/PDD

Adapted from Sadowsky, 2012

When is it appropriate to use Haldol?

Haldol is often used in hospice and we recognize it is a first line drug.

However, Haldol should not be used if Lewy Body or Parkinson's Dementia is suspected. Haldol will cause patients who have either dementia subtype to become more rigid.

Medications for mood lability proven not to work and just sedate patients

Mood Lability-Neuroleptics

Drug	Starting Dose	Therapeutic Dose	Comments
Divalproex Sodium	125mg BID	Dose up to 40-90ug/Ml on blood test as needed to control symptoms	Sedating, better tolerated than others in class, monitor liver enzymes, platelets, PTT
Trazadone	25mg at bedtime	Titrate up to 200-400mg in divided doses	Sedating, can cause priapism/ocular congestions
Carbamazepine	200mg BID	Dose up to 4-8ug/Ml on blood test as needed to control symptoms	Sedating, Monitor CBC, liver enzymes regularly

Adapted from Sadowsky, 2012

Workforce Development & Training THINK about Aliviado Recommended Pharmacologic Interventions 02.16.2022

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Agency 3: Results

- 3/5 sites completed the Champion Training on time
- Site 3 and Site 5 broke up champions into 2 groups
- Site 4 only enrolled 1 team into online training
- Site 5 completed did not start online training
- Unable to start Site 6 due to lack of response.

Agency	Champion Training Start Date	Champion Training End Date	Days to Complete	Training Completion	Go Live
Site 1	2/24/2020	2/25/2020	2	91%	3/10/2020
Site 2	1/2/2021	2/24/2021	24	56%	3/22/2021
Site 4	03/02/2021	3/4/2021	4	75%	4/21/2021
Site 3	4/16/2021	4/30/2021	30	37%	5/17/2021
Site 5	4/9/2021	7/16/2021	**106**	0%	NOT STARTED 5/10/2021
Site 6	**TBA**	**TBA**		**NOT STARTED**	**NOT STARTED**

Agency 3: Challenges

Site	Initial	Left Agency from initial **List**	New Additions	Left Agency after initial List	Final List	Average	Turnover
Agency 1	276	62	196	38	372	324	31%
Agency 2 (6 Sites)	621	194	105	11	521	571	**36%**

Agency 2- Turnover Breakdown

Site 1	315	42	100	10	363	339	15%
Site 2	**155**	**133**	**1**	**1**	**22**	**88.5**	**151%**
Site 3	133	18	0	0	115	124	15%
Site 4	18	1	4	0	0	9	11%
Site 5	0	0	0	0	0	0	0
Site 6	0	0	0	0	0	0	0

Agency 3: Lessons Learned

1. Covid-19 stalled Start up

2. Strong team collaboration internally supported the quickest toolbox integration process.

3. Although this agency started **10 months late,** implementation rollout and toolbox integration was the quickest.

4. Aliviado Team was able to strongly support implementation process using best practices used by other active agencies

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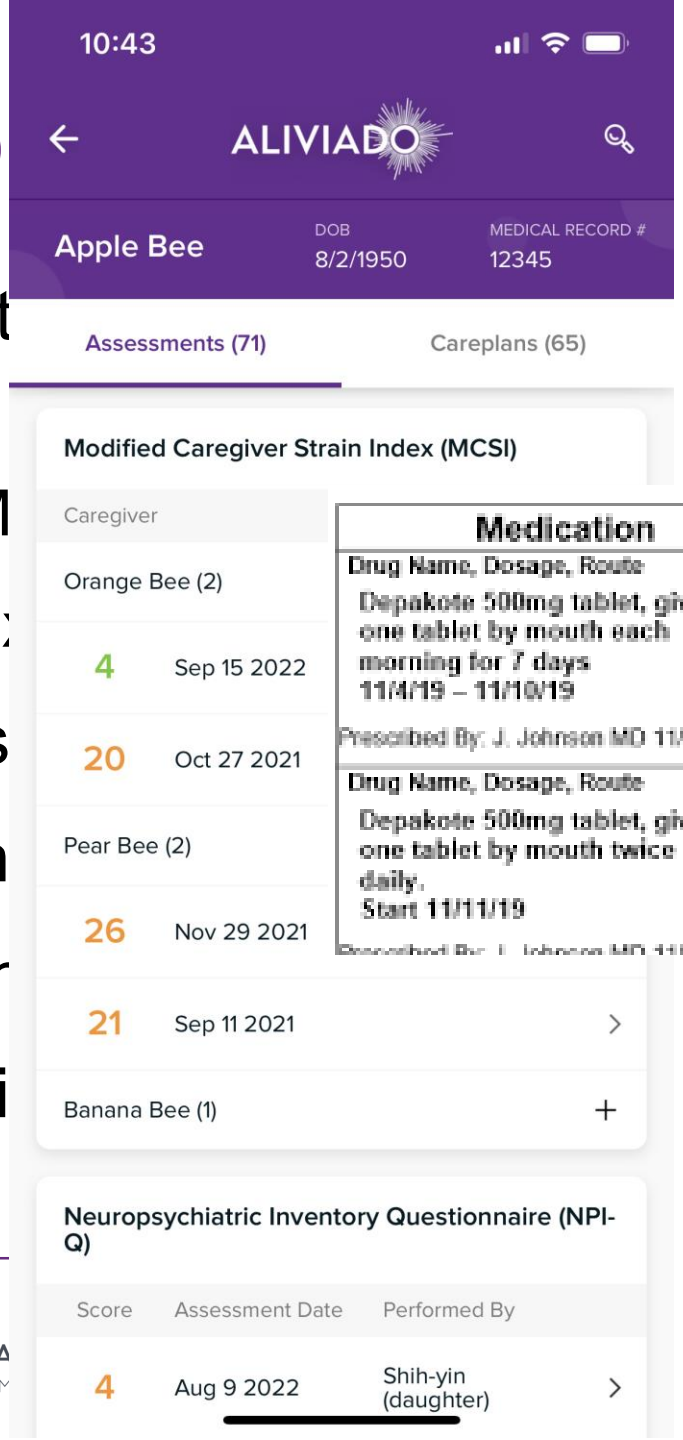

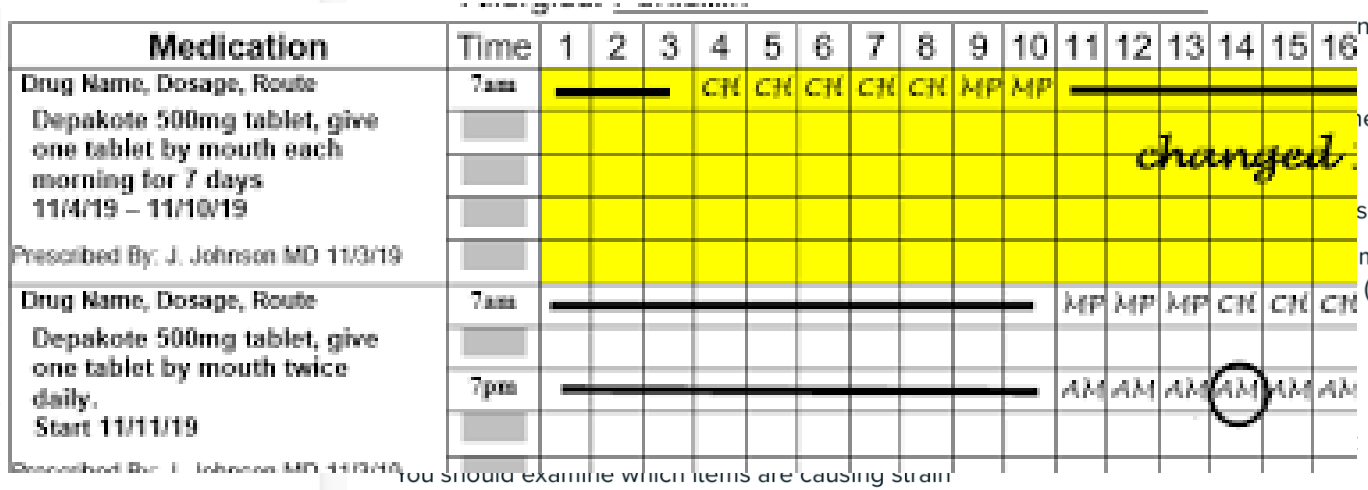

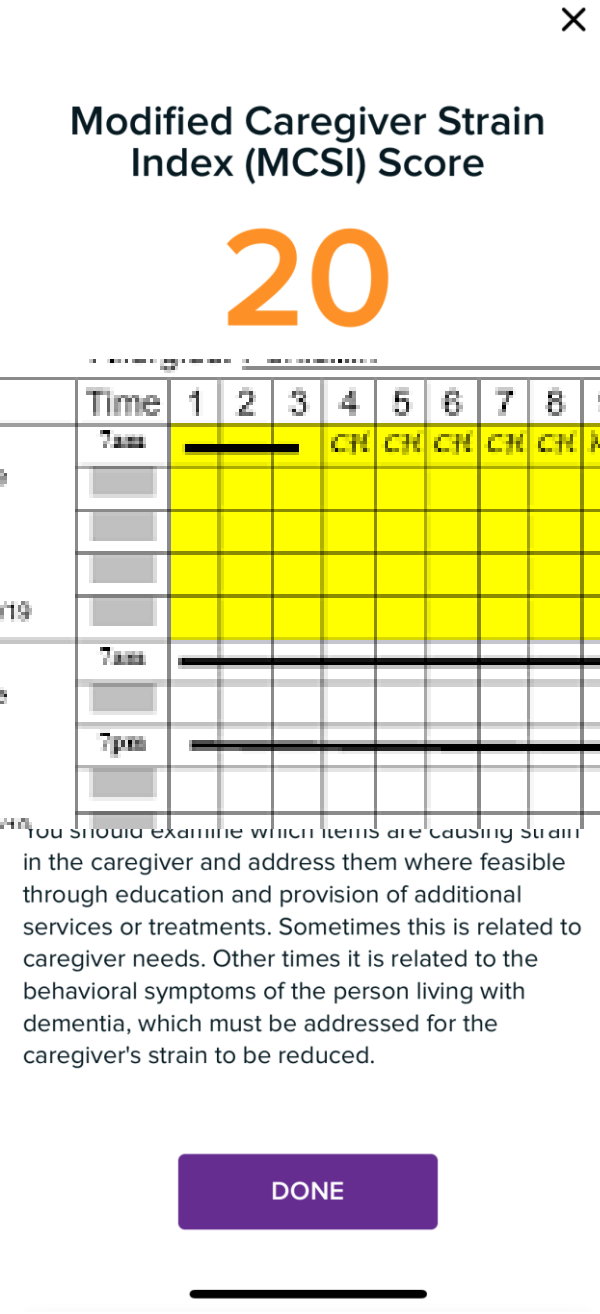

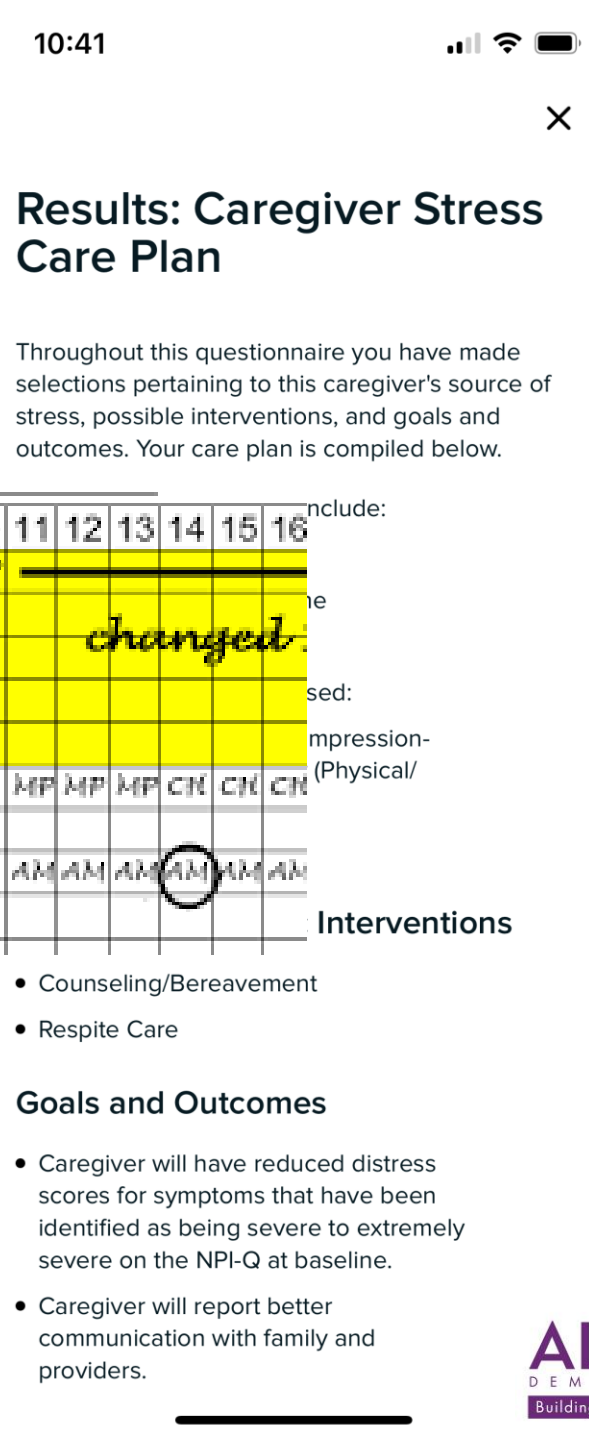

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Research Implications

- Agile tailoring by discipline, hospice, and location were crucial for successful implementation of IDT dementia care training during COVID-19
- Consider each hospice agency's capabilities and needs prior to and during IDT training implementation to quickly adapt when challenges arise
- Identify additional strategies to best tailor IDT training across larger hospice agencies with varying capabilities and more complex staffing needs to improve the quality of dementia care.
- Work carefully with your DSMB to craft rules for labeling what is considered a SAE, what needs to be monitored and how

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Questions?