

# 37th Annual Meeting

Culture Change: Innovations in Management of Depression, Dementia and Diabetes in Long-Term Care July 15 – 16, 2011

> Omni Los Angeles Hotel at California Plaza Los Angeles, CA

#### FRIDAY, JULY 15

8:00 AM Welcome & Introductions

Dan Osterweil, MD, CMD, FACP

**CALTCM President** 

8:05 **Opening Comments** 

Mira Cantrell, MD

**Education Committee Chair** 

#### MANAGING YOUR DIABETIC PATIENT IN THE NURSING HOME

8:10 Optimal Diabetes Care in Long Term Care Settings

Jane E. Weinreb, MD

# **Objectives:**

- 1) Review the prevalence and severity of diabetes in LTC, its complications and the benefits of early intervention.
- 2) Discuss advances in current understanding of type II diabetes and the evidence-based care recommendations for diabetic control in the LTC population.
- 3) Identify risk factors that accelerate diabetic complications and review recommendations to minimize their risk.

#### FRIDAY, JULY 15 (continued)

### 9:10 AM **Processes that Improve Diabetic Care**

Janice Marie Diez, MSN, BSN, DON Timothy Gieseke, MD, CMD

#### **Objectives:**

- 1. Introduce and showcase adaptable care processes and tools, including model policies and procedures, to facilitate diabetic care QI in LTC.
- 2. Demonstrate ways to improve IDT collaboration for the development of optimal diabetes care practices; clarify the roles of members of interdisciplinary team in diabetes care.
- 3. Recognize system failures and near-misses; consider a process for root cause analysis and system modification(s).
- 4. Acknowledge and address potential conflicts between self-management and regulatory compliance.

10:00 Break

# 10:30 Maximizing Self Care of Diabetes in Long-Term Care

Deborah Greenwood, RN, MEd, CNS, BC-ADM, CDE

## **Objectives:**

- 1. Explore patient education tools and processes that improve safe glycemic management.
- 2. Discuss optimal diet and lifestyle modifications with approaches to overcome change inertia.
- 3. Identify tools that help patients know when and how to seek help for emerging diabetic complications.
- 4. Review metrics that document the value of this process to individual patients.

#### 11:15 Practical Group Learning – Small Group Sessions

#### **Objectives:**

1. Provide an opportunity for the attendees to integrate the above information into the care of hypothetical cases.

#### **Process:**

- 1. Each speaker will develop 1-2 cases for group discussion that will require participants to apply the presented materials to the specific clinical case.
- 2. Attendees will be divided into groups of 8-10 participants.
- 3. A spokes-person for each group will present their findings with final comments to be made by the faculty who submitted the case.

#### FRIDAY, JULY 15 (continued)

#### 11:45 AM Interactive Audience/Panel Discussion

Moderator: Mira Cantrell, MD

PANELISTS:

Janice Marie Diez, MSN, BSN, DON

Timothy Gieseke, MD, CMD

Deborah Greenwood, RN, MEd, CNS, BC-ADM, CDE

Jane E. Weinreb, MD

#### **Objectives:**

- 1. Emphasize areas of importance.
- 2. Clarify questions about the information presented.
- 3. Consolidate the learning process to apply "lessons learned" to attendees' individual homes and residents.

## 12:15 PM **Pre-lunch Announcements**

*Janet C. Frank, DrPH.* CGEC & Depression Performance Improvement Education (PIE)

12:30 No Host Lunch

1:30

#### MANAGEMENT OF DEPRESSION IN THE NURSING HOME

PHQ-9: Value Added to MDS Assessment

Debra M. Saliba, MD, MPH

#### **Objectives:**

- 1) Gain an understanding of the PHQ-9 its status as a required element in the MDS 3.0
- 2) Outline the benefits of using the PHQ-9 for screening and monitoring of depression

# 1:45 An Overview of Depression in LTC: Diagnosis and Management

Randall T. Espinoza, MD, MPH

#### **Objectives:**

- 1) Identify diagnostic criteria for major depressive disorder and selected other affective disorders as well as risk factors for their development.
- 2) Discuss prevalence of depression in LTC and its impact on quality of life, physical symptoms and overall functional status of LTC patients.
- 3) Describe a range of non-pharmacological strategies to address depressive disorders in LTC.

#### FRIDAY, JULY 15 (continued)

#### 2:45 PM Pharmacotherapy: What to Consider and What to Monitor

Jay S. Luxenberg, MD, CMD

# **Objectives:**

- 1) Describe current medication management options for depressive disorders, including adjuvant therapy and treatment of related symptoms.
- 2) Review the risks, adverse effects, benefits and alternatives of antidepressant medications.
- 3) Clarify appropriate monitoring regimens for different types of antidepressant medications.

#### 3:15 Break

# 3:45 The Impact of Culture Change and Environment on Mood Disorders in LTC

Christa M. Hojlo, PhD, RN, NHA

# **Objectives:**

- 1) Describe how culture change oriented to patient preferences and patientcentered care can reduce the incidence of depression.
- 2) Identify patient-centered care processes/policies that can be utilized in LTC.

#### 4:05 Interactive Audience/Round Table Discussion

Moderator: Karl E. Steinberg, MD, CMD

#### PANELISTS:

Christa M. Hojlo, PhD, RN, NHA Jay S. Luxenberg, MD, CMD Debra M. Saliba, MD, MPH

#### **Objectives:**

1) Clarify issues, ask questions and share experiences in depression care and culture change interventions.

#### 5:00 **Poster Session & Reception**

#### 6:30 **CALTCM General Membership Meeting**

#### 7:00 Adjourn

#### **SATURDAY, JULY 16**

8:05

8:00 AM Welcome

# MANAGEMENT OF DEMENTIA IN THE NURSING HOME

# **Diagnosing Dementia in the Nursing Home**

Joshua Chodosh, MD, MSHS

# **Objectives:**

- 1. Review prevalence and severity of dementia in LTC.
- 2. Discuss diagnostic criteria and how the impact of diagnosis (economic, social, etc) is different in the institutional setting vs. community setting and in skilled vs. custodial residents.
- 3. Consider implications of dementia diagnosis on care planning.
- 4. Introduce new ICD-9 codes related to dementia with neurobehavioral problems; implications for documentation and billing.

# 8:50 Non-Pharmacological Management of Agitated Behaviors in Cognitively Impaired Older Persons

James A. Mittelberger, MD, MPH, CMD, FACP

#### **Objectives:**

- 1) Identify patients at risk for behavioral issues.
- 2) Showcase protocols and policies for non-pharmacological management of agitation and other behavioral derangements.
- 3) Discuss the role of the interdisciplinary team in management of behavioral and psychiatric symptoms of dementia (BPSD).
- 4) Address the difference in presentation and approach between the delirious vs. demented patient.

#### 9:35 Break

# 10:15 Pharmacological Management of Agitated Behavior in Cognitively Impaired Adults

Jay S. Luxenberg, MD, CMD

#### **Objectives:**

- 1) Discuss the latest evidence on atypical antipsychotic medication use for behavioral and psychiatric symptoms of dementia (BPSD).
- 2) Address approach to Black Box warnings on antipsychotic medications.
- 3) Discuss the role of behavior-modifying medications including mood stabilizers/anticonvulsants.
- 4) Consider differences in approach for different types of dementia and delirium.

#### **SATURDAY, JULY 16** (continued)

#### 11:00 AM Real-life Implementation and Management of Dementia Patients

Smadar Gal, RNC

# **Objectives:**

- 1) Become familiar with The Garden Crest Experience.
- 2) Review other experiences, techniques and tools to assist the interdisciplinary team in managing dementia patients.

### 11:45 **Pre-lunch Announcements**

Mira Cantrell, MD

12:00 PM No Host Lunch

1:00

# SUCCESSFULLY IMPLEMENTING QUALITY IMPROVEMENT IN THE NURSING HOME

**Challenges in Quality Assurance Performance Improvement (QAPI) in Long Term Care** 

Debra Bakerjian, PhD, MSN, FNP

#### **Objectives:**

 Review key aspects of QI – how it differs from QA. Review of the QI steps (PDSA or PDCA), Review of where NHs can get online resources – QIOs, IHI, AE

#### 1:45 Barriers and Facilitators to Change in Practice

Mary Ellen Dellefield, PhD, RN, Rebecca Ferrini, MD, MPH, CMD

#### **Objectives:**

- 1) Brainstorm how to apply QI to Diabetes, Depression, and Dementia and potential barriers to change that may arise
  - a. Understanding Structures, Processes and Outcomes
  - b. Identifying a QI problem Assembling the Team
  - c. Root Cause Analysis
  - d. Designing a QI project
  - e. Developing an Action Plan SMART Objectives
  - f. Data Measurement What to measure, how to measure, how to track and trend
  - g. Reporting results

#### 2:30 Break

#### **SATURDAY, JULY 16** (continued)

## 3:00 PM Interactive Small Group Discussion

Debra Bakerjian, PhD, MSN, FNP Mary Ellen Dellefield, PhD, RN Rebecca Ferrini, MD, MPH, CMD

#### **Objectives:**

- 1) Identifying a problem
- 2) Conducting a root cause analysis of the problem
- 3) Designing a quality improvement project
- 4) Developing an action plan
- 5) Developing SMART objectives
- 6) Plan for Data Collection
- 7) Reporting Results

Debra Bakerjian, PhD, MSN, FNP - Diabetes Mary Ellen Dellefield, PhD, RN - Depression Rebecca Ferrini, MD, MPH, CMD - Dementia

WORK PRODUCT – A DRAFT QI PROJECT RELATED TO DIABETES, DEMENTIA, OR DEPRESSION

## 4:30 Lessons Learned, Questions, and Next Steps

Debra Bakerjian, PhD, MSN, FNP Mary Ellen Dellefield, PhD, RN Rebecca C. Ferrini, MD, MPH, CMD

#### **Objectives:**

- 1) Share experiences and plans, answer questions.
- 2) Identify participants' plans for quality improvement when they return to their LTC facilities.

5:00 Adjourn