

- ✓ **Community of Learning**
- ✓ **Confidential Case Sharing**
- ✓ **Practical**



- ✓ **Interdisciplinary**
- ✓ **On-line Learning**
- ✓ **Free CME and CE**

**Learn and apply Leadership & Quality Improvement principles from experts!**

**Share and get practical tips from colleagues!**

# **Project ECHO University of Hawaii**

## **Long-Term Care Learning Action Network**

A Collaborative Partnership  
to Provide Education from  
Quality Improvement and  
Leadership and  
Implementation Experts  
with Case Discussion to  
build a Community of  
Learning



## Long-Term Care Learning Action Network



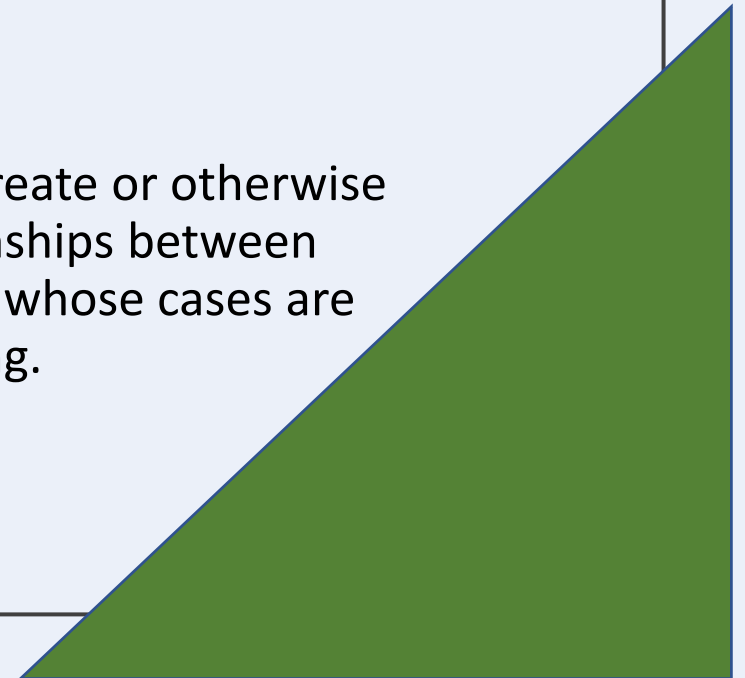
*This series is made possible through GWEP funding to the University of Hawaii Department of Geriatric Medicine from the Health Resources and Services Administration (HRSA): Grant Nos. U1QHP28729 and T1MHP39046 and the support from generous our donors- AlohaCare and UnitedHealthcare*

# Confidential & Safe



We commit to maintain and safeguard the **confidentiality of information** shared. All case presentations are required to be de-identified and **HIPAA compliant**. In order to create a **safe learning environment**, we will foster a culture of mutual learning and **encouragement**, rather than negativity, shame and blame.

ECHO case consultations do not create or otherwise establish provider-patient relationships between any ECHO specialists and patients whose cases are being presented in an ECHO setting.



## Schedule

2:00- 3:00 pm  
HST on 2<sup>nd</sup>  
Tuesday of  
each month



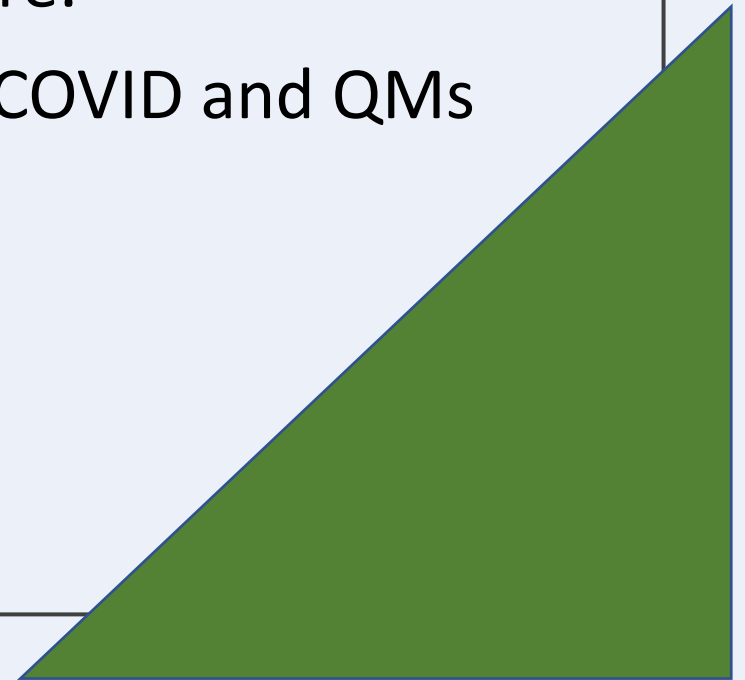
# Nursing Home ECHO: Learning Action Network

Depression	
10/12/21	Recognizing Depression
11/09/21	SBAR Depression and Medical Treatment
12/14/21	Addressing Social Isolation
1/11/22	Behavioral Activation
What Matters	
2/8/22	Understanding What Matters: Person Centered and Trauma Informed Care

\*\* Session Topics subject to change

# Learning Objectives

- Explore strategies for well-being during the Pandemic and recovery
- Practice Age Friendly Health Systems strategies
- Identify QI strategies to improve nursing home care.
- Increased knowledge for regulatory guidance for COVID and QMs



# CME Credits

In order to receive CMEs please:

1. Register:

<https://echo.zoom.us/meeting/register/tJUqcuysrjsvGtE2kdnnVk9kl4iAu9cPoOGB>

2. Complete an Evaluation

<https://geriatrics.jabsom.hawaii.edu/nh-echo-lan/>

\*\* Some systems do not allow access to google forms.  
Fillable PDFs can be found on our website. Please send  
to Jon at [Nakasone@hawaii.edu](mailto:Nakasone@hawaii.edu)

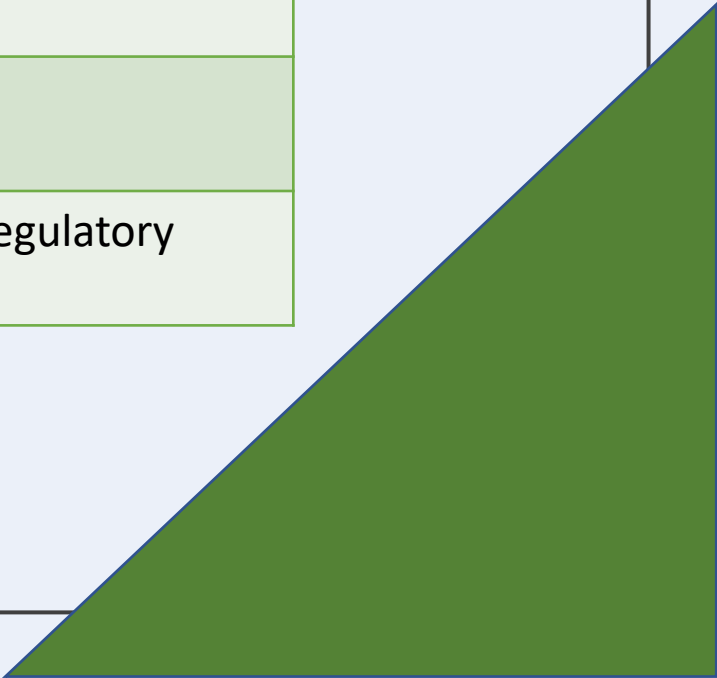
The Hawaii Consortium for Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

This program is approved by the National Association of Social Workers - Hawai'i Chapter (Approval HI62792021-178) for up to 1 Social Work continuing education contact hour(s).

# Introducing: The Hub Team

	Position	Role
Aida Wen, MD, CMD	UH Dept of Geriatric Medicine	Course Director, Speaker
Gayle Rodrigues, MSN, RN	Director of Nursing, Oahu Care Facility	Facilitator
Dana Mitchell, RN	Mountain Pacific Quality Health	QI Coach
Lori Henning, LNHA	HAH-Quality & Education Program	COVID and Regulatory updates

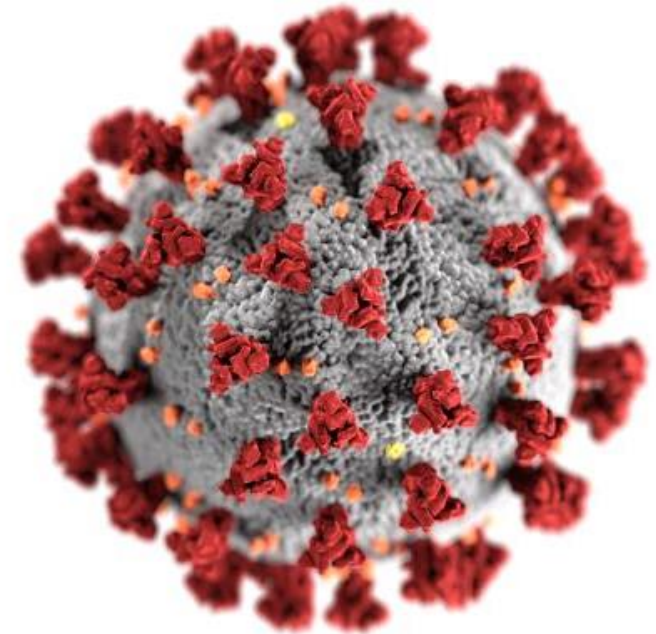
\*Our speakers report that they have no conflicts of interest.





# *Regulatory & COVID-19 Updates*

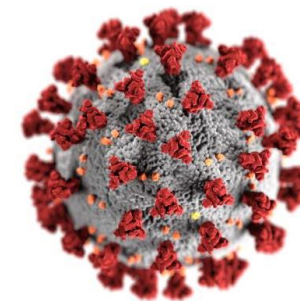
Healthcare Association of Hawaii





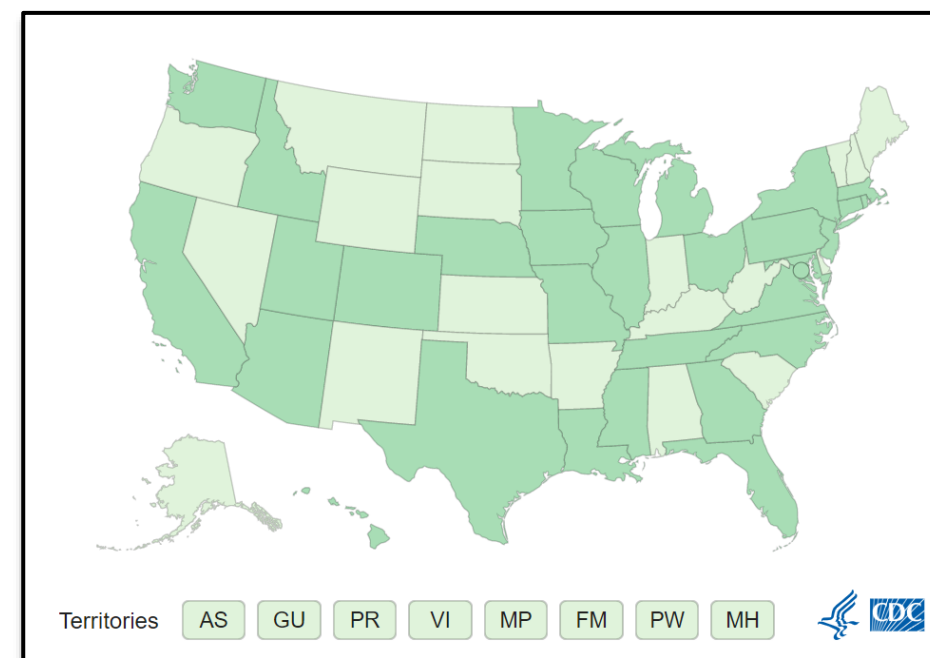


# SARS-CoV-2 Variants of Concern



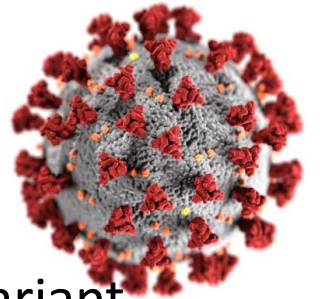
Classified based on mutations, severity of disease, how contagious it is, effectiveness of vaccines or antibodies, detection, etc.

- **Delta= B.1.617.2**
  - About 97% of COVID in the US is still the Delta variant
  - Current surge of cases and hospitalizations are from Delta variant.
- **Omicron= B.1.1.529**
  - Doubling time every 2 days.
  - On 12/1/21 Omicron reported in 24 Countries, first case detected in California
  - 12/3/21 Omicron detected in Hawaii
  - As of 12/14/21 Omicron reported in 77 countries, in 33 states, about 3%.
  - Severity: So far, symptoms appears to be milder (cough, congestion, fatigue). In South Africa, 29% fewer people being hospitalized than with Delta variant.



As of 12/13/2021

# Omicron Updates



- Testing:
  - Current antigen or PCR test will pick up SARS-CoV-2 but cannot tell which variant.
  - Additional tests (Genome sequencing) are needed to determine which variant (DOH will perform)
  - Consider even testing before you join indoor gatherings with others not in your household
- Vaccine:
  - Because omicron has >30 mutations in the spike protein, the current vaccines are less able to recognize it, thus less powerful against Omicron.
  - Pfizer x2 doses gave 70% protection against hospitalization from omicron, compared to 90% for delta variant. (12/14/21)
  - Per CDC, initial data suggests that boosters help broaden and strengthen protection against Omicron and other variants. (12/9/21)
- Treatment:
  - Monoclonal Abs (Eli Lilly and Regeneron) so far not effective against Omicron variant, but GSK and vir lab tests seem promising. (12/14/21)
  - Paxlovid (Pfizer) antiviral taken within first 3 days is 89% effective in preventing high-risk people from hospital/death from COVID-19 (12/14/21)

<https://www.cdc.gov/media/releases/2021/s1208-16-17-booster.html>

<https://www.today.com/health/health/cdc-director-shares-update-spread-omicron-variant-rcna8684>




# *Bottom Line...*

- Wearing a Mask protects against ALL variants
- Avoid large gatherings
- Get Vaccinated and Get a Booster!
  - Prevents infection
  - Prevents severe illness and death
  - Slows spread
  - Reduces likelihood of new variants emerging
- Get tested if you feel sick
  - PCR tests
  - Antigen test
  - Home self-tests


THESE DAYS, EVERYONE DESERVES A

# BOOST!



**WHY GET BOOSTED?**


- After 6 months from a Pfizer/Moderna vaccine, the effectiveness wanes and WE KNOW we are not fully protected!
- All adults are eligible for a booster, if:
  - ☒ It has been 6 months or more since you received Pfizer/Moderna immunization
  - ☒ It has been 2 months or more since you received a Johnson & Johnson immunization



**LET'S PROTECT EACH OTHER & KEEP COVID-19 OUT!**

ASK YOUR FACILITY HOW YOU CAN GET YOUR BOOSTER.

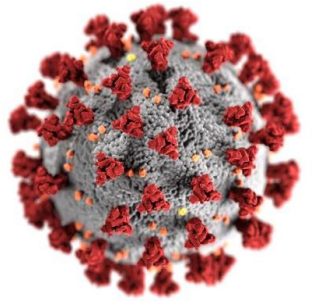
Questions? Ask your Medical Director.



[paltc.org](http://paltc.org)



# *Visitation Regulation Updates*





# Addressing Social Isolation, Loneliness & Depression

Aida Wen, MD

Associate Professor

Dept of Geriatric Medicine

University of Hawaii

(with help from Lucas Morgan, PhD; clinical psychology)



**S:** Eeyore has a PHQ-9 score of 12.

**B:** Hx of hypothyroidism, depression and chronic pain. He is on Synthroid 112 mcg/day, Zoloft 25 mg daily.

**A:** Eeyore has been looking gradually more & more depressed in the past 3 months. However, in the past 2 weeks, he feels down and depressed more than half the days (2), He feels like a failure and let his friends down half or more of the days (2), He has a poor appetite more than half the days (2), He has little interest in joining activities (2), and has trouble concentrating half or more of the days (2), and sometimes thinks he would be better off dead (1)

**R:** I am worried that he may be quite depressed. Would you like to see him soon? We can also meet with SW and Rec Tx to review his activities care plan. Do you want to check labs, adjust his Zoloft, and have the psychiatrist see him again?

# S-B-A-R

## D0200. Resident Mood Interview (PHQ-9)

Say to resident: **"Over the last 2 weeks, have you been bothered by any of the following problems?"**

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.

If yes in column 1, then ask the resident: **"About how often have you been bothered by this?"**

Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	0. Never or 1 day		
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)		
9. No response (leave column 2 blank)	2. 7-11 days (half or more of the days)		
	3. 12-14 days (nearly every day)		
↓ Enter Scores in Boxes ↓			
A. Little interest or pleasure in doing things		1	2
B. Feeling down, depressed, or hopeless		1	2
C. Trouble falling or staying asleep, or sleeping too much		0	0
D. Feeling tired or having little energy		0	0
E. Poor appetite or overeating		0	2
F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down		1	2
G. Trouble concentrating on things, such as reading the newspaper or watching television		1	2
H. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual		0	0
I. Thoughts that you would be better off dead, or of hurting yourself in some way		1	1

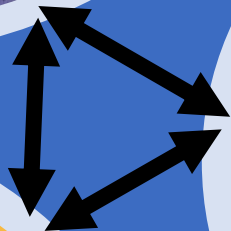
# What do we do with PHQ-9 results?

(Score range 0- 27)

MINIMAL	MILD	MODERATE	MOD TO SEVERE
<p>PHQ-9 &lt;5 and does not admit to depression or suicidal thoughts</p> <ul style="list-style-type: none"><li>Quarterly screening</li></ul>	<p>PHQ-9 5-9 + admits to depression/suicidal</p> <ul style="list-style-type: none"><li>Suicide intervention</li><li>MD Eval, Dx<ul style="list-style-type: none"><li>Consider medications if functional impairment</li></ul></li><li>Non-pharmacologic Care Plan:<ul style="list-style-type: none"><li>Behavioral Activation<ul style="list-style-type: none"><li>Environment</li><li>Activities</li></ul></li><li>Psychologist referral</li></ul></li></ul>	<p>PHQ-9 10-14 or admits to depression/ suicidal</p> <ul style="list-style-type: none"><li>Suicide intervention</li><li>MD Eval, Dx<ul style="list-style-type: none"><li>Consider psychiatry consult</li></ul></li><li>Antidepressants</li><li>Non-pharmacologic:<ul style="list-style-type: none"><li>Behavioral Activation<ul style="list-style-type: none"><li>Environment</li><li>Activities</li></ul></li><li>Psychologist referral</li></ul></li></ul>	<p>PHQ-9 &gt;14</p> <ul style="list-style-type: none"><li>Suicide intervention</li><li>MD Eval, Dx</li><li>Antidepressant</li><li>Refer to psychiatric MD, nurse, SW, psychologist.</li><li>Non-pharmacologic:<ul style="list-style-type: none"><li>Behavioral Activation<ul style="list-style-type: none"><li>Environment</li><li>Activities</li></ul></li><li>Psychologist referral</li></ul></li></ul>

Follow-up PHQ-9 scores can help you monitor depression severity

the awesome thing about Eeyore is that even though he is basically clinically depressed, he still gets invited to participate in adventures and shenanigans with all of his friends. And they never expect him to pretend to feel happy, they just love him anyway, and they never leave him behind or ask him to change.



This is the MOST IMPORTANT part!

# Comprehensive Teamwork

## Suicide intervention

## MD Evaluation, Diagnosis, Treatment


- Consider psychiatry consult
- Antidepressants

## Non-pharmacologic:

- Gentle, Respectful approach
- Make a Connection- visual, verbal, touch, etc
- Validation Therapy
- Behavioral Activation
  - Environment
  - Activities
- Consider psychology referral



# Creating a Depression Care Plan

Diagnosis	Goals	Interventions	Evaluation
<ul style="list-style-type: none"><li>Major Depression, PHQ-9= 12, Suicidal ideation</li></ul>	<ul style="list-style-type: none"><li>Resident will have fewer negative comments.</li><li>Resident get out of her room for activities at least twice a week.</li><li>Resident will improve PHQ-9 score &lt;10 by next quarter</li></ul>	<ul style="list-style-type: none"><li>Ensure environment is safe</li><li>Medical evaluation</li><li>Begin antidepressant</li></ul> 	<ul style="list-style-type: none"><li>PHQ-9 in 3 months.</li></ul>

# Basic Non- Pharmacologic Approaches

A “best friends” approach...

## GENTLE & RESPECTFUL APPROACH

(address them as an adult, with  
dignity)

## MAKE A CONNECTION

(verbal, visual, touch)



## VALIDATION THERAPY

(don't argue or judge,  
acknowledge feelings)

## INTERACTIVE ACTIVITIES

Behavioral  
Activation  
is the  
“Medicine”

## DEPRESSION IS A VICIOUS CYCLE

Eeyore's tail  
keeps falling  
off...

↓  
PAIN, FEAR,  
EMBARRESSMENT



AVOID ACTIVITIES

ISOLATION,  
LONELINESS,  
DEPRESSION

...NEGATIVE REINFORCEMENT

# Behavioral Activation

## AN “OUTSIDE- IN” APPROACH

Especially for those with  
moderate to advanced  
dementia

Engage resident in behaviors  
That counter tendencies to  
isolate and be inactive.

Mood  
improvement  
follows

I have a great idea to  
cheer Eeyore up!

Great! Let's plan it for  
Saturday afternoon!



...SWITCH TO POSITIVE REINFORCEMENT!



# Behavioral Activation

AN “OUTSIDE- IN”  
APPROACH

Especially for those with  
moderate to advanced  
dementia



**MUST BE INDIVIDUALIZED TO THEIR INTERESTS!**

Goal: to *RE-ENGAGE!*

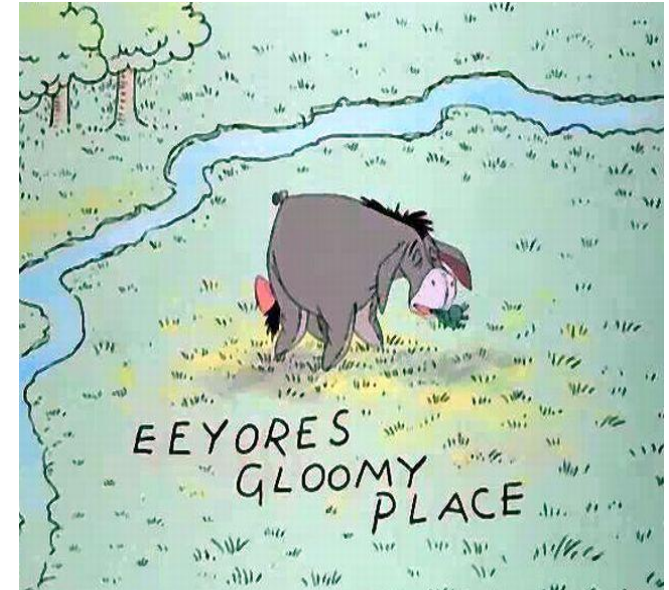
# Behavioral Activation

Works with everyone,  
especially for those with  
moderate to advanced  
dementia



## PLAN

- Go on a Thistle hunt with Eeyore.
- Have a picnic in a thistle patch.



## MONITOR

- Increased time out of Eeyore's "gloomy place"
- Decreased negative comments
- Decreased moaning
- Improved sleep
- Improved appetite

# Behavioral Activation

HOW SHOULD WE DO  
THIS?

Especially for those with  
moderate to advanced  
dementia

## STEPS

1. Help resident identify pleasurable activities
  - Physical activities (take a walk)
  - Social interaction (call a friend)
  - Pleasant events (listen to music, tasty treat)
2. Help resident choose and schedule a DAILY pleasant activity
  - Make a Detailed Plan- day, time, how long, with whom...
3. Identify barriers (feasibility, realistic) and find ways to overcome them.
4. Help resident mentally rehearse the activity
5. (consider taking pictures, and talk about them afterwards!)

IT'S ALL ABOUT THE BEHAVIOR- MOTIVATION IS NOT  
NECESSARY



# GRAPES

**GENTLE-** Be gentle to yourself

**RELAXATION-** make time to relax  
(e.g. Namaste, massage, watch fish)

**ACCOMPLISHMENT-** accomplish  
one thing (fold laundry, write that  
letter...)

**PLEASURE-** listen to good music,  
taste a sweet fruit, pet an animal

**EXERCISE-** take a walk, stretch,  
move





# Create an Activity Menu

## Activity Menu



### Animals

- Pet an animal
- Walk a dog
- Ride a horse
- Volunteer at an animal shelter
- Go bird watching
- Go fishing
- Listen to the birds
- Visit the zoo



### Be active

- Go for a walk
- Go for a run
- Go for a swim
- Go hiking
- Go cycling
- Go to the gym
- Go bowling
- Go ice / roller skating
- Play golf / football / tennis
- Throw a frisbee
- Fly a kite
- Try a martial art



### Cook

- Cook a meal for yourself
- Cook a meal for someone else
- Bake a cake / cookies
- Roast marshmallows
- Have a BBQ
- Find a new recipe
- Organize a dinner party



### Create

- Draw a picture
- Paint a portrait
- Take a photograph
- Doodle / sketch
- Organize photographs
- Make a photograph album
- Start a scrapbook
- Finish a project
- Do some sewing / knitting



### Expression

- Laugh



### Mind

- Daydream
- Meditate
- Pray
- Reflect
- Think
- Try relaxation exercises
- Practice yoga



### Music

- Listen to music you like
- Find some new music to listen to
- Go to a concert
- Turn on the radio
- Make some music
- Sing a song
- Play an instrument
- Listen to a podcast



### Nature

- Try some gardening
- Plant something



### Self care

- Take a bath
- Take a shower
- Wash your hair
- Give yourself a facial
- Trim your nails
- Go for a massage
- Sunbathe (wear sunscreen!)
- Take a nap



### Shop

- Shop for groceries
- Shop for clothes
- Go to a car boot sale / yard sale
- Take things to a charity shop



### Travel

- Go for a ride in the car
- Take the bus somewhere
- Catch a train
- Plan a holiday

# Make a Plan for every day

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Get nails done		Pick flowers			Sit in the garden & listen	
Afternoon		Watch favorite movie		Read some letters from family			Visit with a friend
Evening					Soothing music before bed		



Include a mix of activities!

- Dial it down- “start low and go slow”
- Meet where they are at.
- Explore their reasons.
- Start with smallest version of a goal-
  - Ask: What are they willing to do?
  - Experiment: Walk for 5 min, instead of 20 min.

But what if they don't want to...

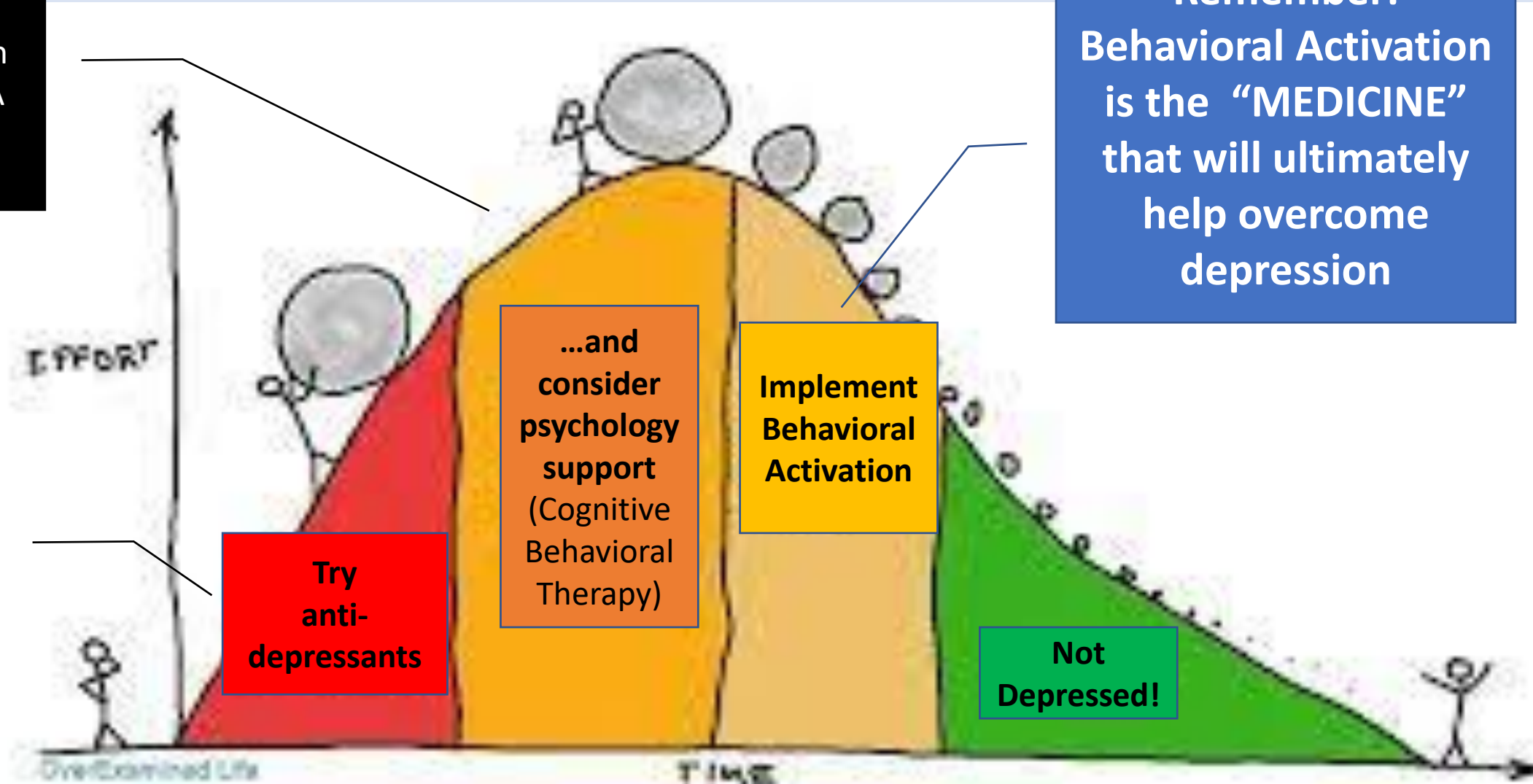


# Getting Over Bigger Hurdles

Sometimes a psychologist can help support BA efforts

**Remember:**  
Behavioral Activation  
is the “MEDICINE”  
that will ultimately  
help overcome  
depression

Medicine can  
sometimes help  
BA start to  
happen (get  
them out of the  
rut)



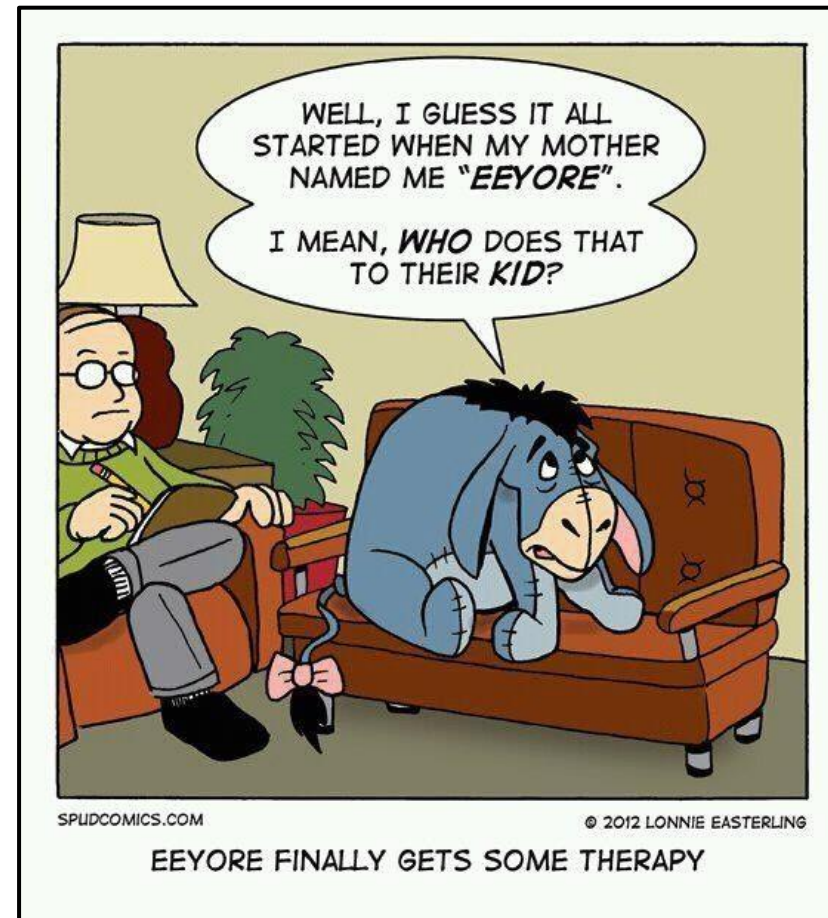
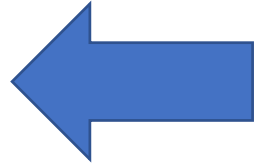


# What is Cognitive Behavioral Therapy?

For moderate or better  
cognitive impairment

...but they have to be willing  
(cultural/generational) and able.

- **Cognitive behavioral therapy is a psycho-social intervention that**
  - **Changes unhelpful ways of thinking**
  - **Learn better ways of coping**
  - **Can help support Behavioral Activation**



# What's in the Regs?

Psychosocial Functioning

12/14/2021



# 483.25(f) Mental and Psychosocial Functioning

## INTENT

- The intent of this regulation is that the resident receives care and services to assist him or her to reach and maintain the highest level of mental and psychosocial functioning
- MENTAL= internal thought processes
- PSYCHOSOCIAL= outward manifestations of thought patterns



# Adjustment Difficulties



Overwhelming sense of loss of:

- Capabilities
- Family and friends
- Ability to continue to pursue hobbies and activities
- Possessions



Thinking patterns:

- Helplessness
- Hopelessness



Mood

- Sad
- Anxious
- Aggressive



# Other Manifestations

Impaired verbal communication



Social Isolation



Sleep pattern disturbances

Spiritual distress



Inability to control behavior



Potential for violence

# Rule Out Physical Issues that Cause Similar Responses

1. Metabolic diseases (abnormal glucose, K<sup>+</sup>, Ca, and BUN, liver function)
2. Endocrine diseases (thyroid/parathyroid, DM, Cushing's, Addison's)
3. CNS diseases (tumors, lesions, MS, Alzheimer's, vascular disease)
4. Miscellaneous diseases (anemia, CHF, pancreatic disease, infections, cancers)
5. Over-medication of antihypertensive drugs
6. Restraints

# What to do for your resident?

Complete assessment: what is/was their usual routine?  
How do we make accommodations for their routine?

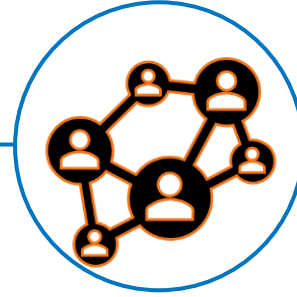
What programs/Activities have we provided to improve and maintain maximum functioning? Has there been a change?  
Have the treatment plans been evaluated/revaluated?

Has there been a psych evaluation?  
How are we addressing adjustment difficulties in the care plan?

# Appropriate Treatment & Services



Opportunities for  
self-governance  
Systematic  
orientation programs



Keep residents in touch  
with:

- Communities
- Cultural heritage
- Former lifestyle
- Religious practices
- Friends and families



Appropriate treatments:

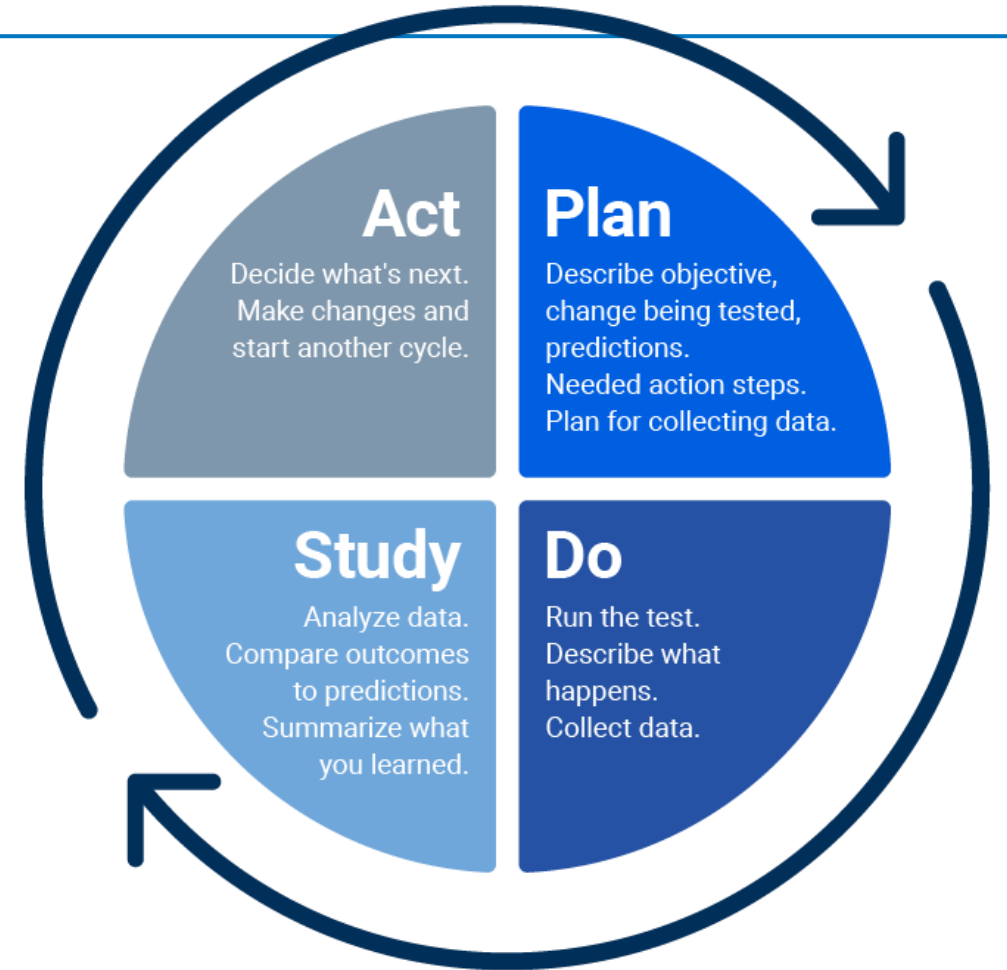
- Crisis intervention
- Psychotherapy
- Drug therapy
- Monitoring of drug therapy
- Other rehab services

# PDSA


Care plans live and breathe.

Test what works and what doesn't and adjust

- Identify root causes and contributing factors for symptoms and
- Identify interventions (treatment, personal support, environmental modifications)



# Creating a Depression Care Plan

Diagnosis	Goals	Interventions	Evaluation
<ul style="list-style-type: none"><li>Major Depression, PHQ-9= 12, Suicidal ideation</li></ul>	<ul style="list-style-type: none"><li>Resident will have fewer negative comments.</li><li>Resident get out of her room for activities at least twice a week.</li><li>Resident will improve PHQ-9 score &lt;10 by next quarter</li></ul>	<ul style="list-style-type: none"><li>Ensure environment is safe</li><li>Medical Evaluation</li><li>Begin antidepressant</li></ul> <div><p><b><i>Suggestions?</i></b></p></div>	<ul style="list-style-type: none"><li>PHQ-9 in 3 months.</li></ul>

## Measure Description

The measure reports the percentage of long-stay residents who have had symptoms of depression during the 2-week period preceding the MDS 3.0 target assessment date.

## Measure Specifications

### *Numerator*

Long-stay residents with a selected target assessment where the target assessment meets *either* of the following two conditions:

*CONDITION A* (The resident mood interview must meet Part 1 *and* Part 2 below)

#### PART 1:

- Little interest or pleasure in doing things half or more of the days over the last two weeks (D0200A2 = [2, 3]).

*or*

- Feeling down, depressed, or hopeless half or more of the days over the last two weeks (D0200B2 = [2, 3]).

#### PART 2:

The resident interview total severity score indicates the presence of depression ( $D0300 \geq [10]$  and  $D0300 \leq [27]$ ).

*CONDITION B:* (The staff assessment of resident mood must meet Part 1 *and* Part 2 below)

#### PART 1:

- Little interest or pleasure in doing things half or more of the days over the last two weeks (D0500A2 = [2, 3]).

*or*

- Feeling or appearing down, depressed, or hopeless half or more of the days over the last two weeks (D0500B2 = [2, 3]).

#### PART 2:

The staff assessment total severity score indicates the presence of depression ( $D0600 \geq [10]$  and  $D0600 \leq [30]$ ).

### ***Denominator***

All long-stay residents with a selected target assessment, except those with exclusions.

### ***Exclusions***

1. Resident is comatose or comatose status is missing ( $B0100 = [1, -]$ ).
2. Resident is not included in the numerator (the resident did not meet the depression symptom conditions for the numerator) AND both of the following are true:
  - 2.1.  $D0200A2 = [^, -]$  **or**  $D0200B2 = [^, -]$  **or**  $D0300 = [99, ^, -]$ .
  - 2.2.  $D0500A2 = [^, -]$  **or**  $D0500B2 = [^, -]$  **or**  $D0600 = [^, -]$ .



# QUESTIONS/COMMENTS?

Dana Mitchell, RN, CPHQ  
[dmitchell@mpqhf.org](mailto:dmitchell@mpqhf.org)

12/14/21



# *Support & Well-being*



# Alzheimer's Association Tips





# Social Wellness Checklist

Positive social habits can help you build support systems and stay healthier mentally and physically. Here are some tips for connecting with others:



## MAKE CONNECTIONS

Social connections might help protect health and lengthen life. Scientists are finding that our links to others can have powerful effects on our health. Whether with family, friends, neighbors, romantic partners, or others, social connections can influence our biology and well-being. Look for ways to get involved with others.

### To find new social connections:

- ☐ Join a group focused on a favorite hobby.
- ☐ Take a class to try something new.
- ☐ Try yoga, tai chi, or another new physical activity.
- ☐ Join a choral group, theater troupe, band, or orchestra.
- ☐ Help at a community garden or park.
- ☐ Volunteer at a school, library, or hospital.
- ☐ Participate in neighborhood events.
- ☐ Join a local community group.
- ☐ Travel to different places and meet new people.



## TAKE CARE OF YOURSELF WHILE CARING FOR OTHERS

Many of us will end up becoming a caregiver at some point in our lives. The stress and strain of caregiving can take a toll on your health. It's important to find ways to care for your health while caring for others. Depending on your circumstances, some self-care strategies may be more difficult to carry out than others. Choose ones that work for you.

To take care of yourself while caring for others:

- ☐ Make to-do lists, and set a daily routine.
- ☐ Ask for help. Make a list of ways others can help. For instance, someone might sit with the person while you do errands.
- ☐ Try to take breaks each day.
- ☐ Keep up with your hobbies and interests when you can.
- ☐ Join a caregiver's support group.
- ☐ Eat healthy foods, and exercise as often as you can.
- ☐ Build your caregiver skills. Some hospitals offer classes on how to care for someone with an injury or illness.



***THANKS  
FOR CARING!***