



Engaging in Person-Centered Care – The Path to Regulatory Compliance: *Eliminating Suffering for Residents with End Stage Dementia (Focus on Death and Hospice/End of Life CEP)*

Facilitator Guide

Overall Goal of Webinar Toolkits: To support the ability of communities to share Pioneer Network training materials with team members in a way that is efficient, meaningful and cost effective.

Session Description:

When it comes to providing the best care at the end of life for residents living with dementia, are we doing the best we can? Do we always recognize when someone is in the end stages of dementia so that we can provide interventions such as palliative care and hospice?

Dr. Maureen Nash, MD, MS, a board-certified physician in both internal medicine and psychiatry, and Medical Director of Providence Elderplace Oregon, a Program of All Inclusive Care of the Elderly, shares best practices that can help eliminate suffering for residents with end stage dementia.

When implemented, we believe that these best practices will support the outcomes that are defined in the CMS Focus on Death and Hospice/End of Life Critical Element Pathways (CEPs), and that you can use the CEPs as a tool to assess and monitor your compliance to these practices and ultimately to the regulations.

Notes to the Facilitator

The webinar can be shown in its entirety, or the Facilitator's Guide offers suggestions for making the webinar interactive by using the discussion questions provided.

Each section of the Facilitator's Guide contains the slides that are covered as well as the timeframe on the webinar recording that contains the audio/visual portion of each section. Please note that the number of minutes may vary slightly.

Recommended Logistics:

1. Room set up in tables of 6-8 individuals to support group exercises
2. Computer and projector
3. Speakers
4. Copies of handouts
5. Optional: Flip charts for recording group responses

Materials Needed:

- Webinar Recording
 - o <https://attendee.gototraining.com/22km0/recording/3138365015255986689>



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- Note: You will be asked to register in order to access the recording. You must use the name and password that you used when you registered for the webinar. Doing this will zero out the cost and provide access.

- Available Handouts, based on the content being covered:
 - The slides in handout format
 - CMS Critical Element Pathway for Death and Hospice/End of Life)
 - Making the Connection to the Critical Element Pathways Handout
 - Certificate of Attendance
 - PAIN-AD Assessment Tool
 - MSSE Assessment Tool

Options for how to use this webinar in training:

1. Show the **entire webinar** with selected discussion questions based on the needs of your team.
 - a. Time required if all discussion questions are used would be approximately 2 hours. Facilitator should identify which questions are most appropriate for the group and may have to set limits on the time allowed for discussion.

Suggested places on the recording and topics for group engagement. (You will need to pause the recording at the time specified, which may vary slightly)

Slides 1	0:00 - 1:40	Opening comments and logistics related to the live webinar
Slide 2	1:40 - 2:00	Introduction of Dr. Nash
Slide 3	2:00 - 2:52	Disclosures
Slides 4-9	2:53 - 12:14	Background on dementia and dementia as a chronic and ultimately fatal illness
Slides 10-11	12:15 - 18:20	Traditional vs Palliative Care and A Therapeutic Approach

Discussion Question 1: What are our current practices related to applying a Therapeutic Approach, i.e. getting to know the individual living with dementia and how to we apply this to the care plan?

Slide 12 18:20 - 19:05 Behavioral Problems

Discussion Question 2: What do these symptoms mean? Discuss each of the symptoms listed on the slide.

Slide 12 19:05 - 21:15 Dr. Nash's responses to what the symptoms mean
Slide 13 21:15 - 22:43 Pain - AD Scale



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Discussion Question 3: Identify a resident living with dementia in your community who you believe may have pain they are not able to express and complete the PAIN-AD Scale as a team.

Slides 14-16 22:43 - 25:28 Words & Language for those living with dementia / Behavior as communication

Slide 17 25:28 - 28:43 Millie's Story

Discussion Question 4: *Do you currently know or have you known a "Millie"? How did you approach her and what would you do different based on what Dr. Nash shared?*

Slide 18 28:43 - 31:30 Treatment Planning

Slide 19 31:30 - 32:07 Caregiver Education

Discussion Question 5: *Do we have opportunities for Caregiver Education? Do you feel you have the support you need?*

Slide 20 32:07 - 33:17 Person Centered

Slides 21-26 33:17 - 37:55 FAST scale: Functional Assessment Staging, MDS and predicting mortality

Discussion Question 6: Looking in retrospect at a resident with dementia who recently died, were there signs that predicted end of life?

Slides 27-31 37:55 - 44:17 Mini Suffering State Examination (MSSE)

Discussion Question 7: How might we use the MMSE in our community to better understand those living with dementia and then how can we use this information to better support them at end of life?

Optional Exercise: Complete a MSSE as a team for someone in your community who you believe may be approaching end stage, or who recently died to determine if you could have predicted end of life in order to have better supported this phase of life for the resident and their family?

Do we currently ask families about their beliefs about what their loved one is suffering? How might we better incorporate this into our discussions?



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Slide 32 44:17 - 49:50 Psychiatric Symptoms seen in individuals with Advanced
Dementia

Discussion Question 8: Identify a resident who might be demonstrating Psychiatric
Symptoms and what might options be to help?

Slide 33 49:50 - 52:04 Symptoms not usually treatable with medications

Slides 34-36 52:04 - 56:07 Dementia Specific Medications and Aggression

Slides 37-39 56:07 - 57:27 Take Home Message

Slides 40-42 57:27 - 1:01:20
Closing remarks and connection to CEP

Discussion Question 9: How might we as a community use the CEP to evaluate our
current practices?