Providence Alaska
Project ECHO Dementia

Delirium Prevention in Dementia for the PCP

Using the Age-Friendly 5Ms Framework to prevent delirium in person's living with dementia

Carrie Rubenstein, MD
Swedish Medical Center

Alzheimer's Resource of Alaska

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HUB Team Members

Nancy Isenberg, MD, MPH

Jordan Lewis, Ph.D

Ursula McVeigh, MD

Kristoffer Rhoads, Ph.D

Kimberly Jung

Kyla Newland, PharmD

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Monday, March 7th, 2022 | 12:00 – 1:00 PM AKST

Virtual Conference

CME Credit

Accreditation with Commendation
Swedish Medical Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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Course Disclosure Summary

Providence Alaska Project ECHO Dementia

Monday, March 7th, 2022 | 12:00 – 1:00 PM AKST

The following planners and speakers have/had financial relationship(s) with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients: *P= Planner, S=Speaker*

Amber Rogers, RN, MSN (P): Johnson & Johnson, GW Pharmaceuticals, Pfizer, Inc. – Stocks

All the relevant financial relationships listed for this individual have been mitigated.

The following planners and speakers have/had no financial relationship(s) with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients: *P= Planner, S=Speaker*

Nancy J. Isenberg, MD, MPH (P, S); Kristoffer Rhoads, PhD (P, S); Carrie Rubenstein, MD (S); Laurie Turay, BA Ed (P)

All planners and speakers attested that their content suggestions and/or presentation(s) will provide a balanced view of therapeutic options and will be entirely free of promotional bias.

All presentations given by a speaker who has/had relationship(s) with ineligible companies have been reviewed by a planner with no conflicts of interest to ensure that the content is evidence-based and unbiased.

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Providence Alaska Project ECHO Dementia

Monday, February 28, 2022 | 12:00 – 1:00 PM AKST

In order to obtain your credits/certificate for this Swedish CME conference, you will need to complete the course evaluation *after each session* using the process below. **Do not start this process until the individual session has adjourned as it must be completed all at once. Note:** *you will have 30 days from the date of the session to complete the evaluation and receive credit.*

Visit: **https://www.swedish.org/cmeportal**

Sign in or create a Swedish CME profile, if you do not have one, by clicking on **Access CME Portal**, click **Sign In**, click green **Create Account** button. Anyone can create a profile using the email and password of their choice.

Click **"Claim Credit with Code"**

Enter code **225447** to complete the evaluation and receive credit for this session. You will receive a new code for each session.

On the credit claim page enter the actual number of hours that you are claiming commensurate with your actual attendance at the conference. The maximum number of hours for this session is one (1.0). For physicians, the number of hours participated equals the number of *AMA PRA Category 1 Credits*™ claimed and awarded, with one hour of participation equaling 1 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of your participation in the activity and should claim credit in 15 minute or 0.25 credit increments.

Your certificate will auto-populate after you submit your hours. Print, email or save your certificate (you may need to have pop-ups enabled on your browser).

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Agenda

1. Opening Notes and Reminders
2. Introductions
3. Didactic: Delirium Prevention in Dementia for the Primary Care Provider by Dr. Carrie Rubenstein
4. Case Presentation: Open Discussion
5. Closing Notes/ Evaluation

Ground Rules

- Conscious contribution
- Protect ALL private health information
- All sessions are recorded and available on Mountain-Pacific Quality Health's website
- Support the ECHO culture: Be humble, be open, be curious
- **Session evaluations are required for CME**
- Collaboration
  - Learn from others
  - Share your knowledge
  - SMILE: Cameras ON

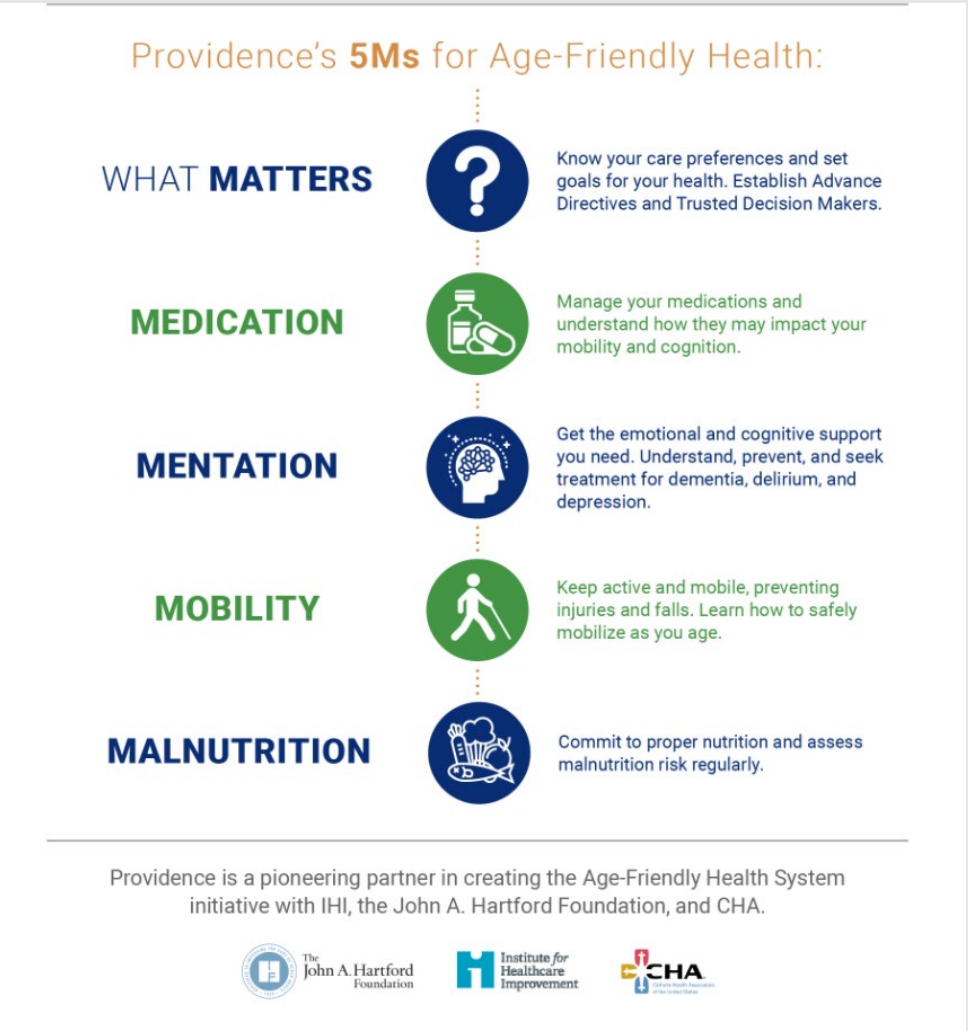
Who am I?

- Family Physician and Geriatrician
- Director, Swedish Geriatrics Fellowship and Faculty, Swedish Family Medicine – First Hill Residency
- Care settings where I practice: Clinic, Hospital, Nursing Home, Adult Family Home, Private Home
- Daughter of a Dementia Care Partner

Objectives

1. Review Age-Friendly Health Systems 5M Framework.
2. Describe delirium risk **from the Primary Care Perspective.**
3. Use the Age-Friendly Health Systems 5Ms Framework to prevent delirium in persons living with dementia.
4. Describe the Patient Priorities Care tool and how you can use it in your practice to address complexity and focus on what matters to your patient

Age-Friendly Health Systems



Providence

Age Friendly Health Systems

How do age friendly health systems (AFHS) improve dementia care?

- Dementia care is whole person care, at the core of which is the person with dementia and their caregiver (the dyad), and What Matters to them.
- Incorporating the 5Ms to guide your care of people living with dementia, all older adults and all people will help you provide consistent and comprehensive care.
- Assessing and acting on the 5Ms can play a key role in delirium prevention

Why do we care?

Each year **40%** of community-dwelling People with dementia (PwD) will visit ED and **30%** will be hospitalized at least once.

Hospital care is **3 times as costly** compared to older people w/o dementia

Acute hospitalization in PwD is associated with increased **risk of delirium, falls, cognitive and functional decline, 30 day readmission, longer LOS, long-term care admission and death**

Shepherd *et al, BMC Medicine* 2019

Pat

- 80yo person living at home with mid stage mixed-type dementia, recent small stroke, and history of urinary retention
- She left the hospital with plans for home health OT/PT and nursing, an indwelling foley catheter, and a new medication for depression
- She has significant hearing loss
- She has the help of an unpaid caregiver, but she does not have 24-hour care
- She hates her indwelling foley catheter
- After the hospitalization she had several home visits by her PCP
- **What MATTERS Most to her is her cat, Leah**

Pat

- **Hypothyroidism**
- **Hypertension**
- **Coronary Artery Disease**
- **Hx of Splenic Infarct**
- **Major neurocognitive disorder due to Alzheimer's disease+Vascular (probable mixed)**
  - **Balance problem**
- **Urinary retention**
- **Constipation**
- **Moderate-Severe Sensorineural Hearing loss (SNHL)**

Pat

MEDICATIONS
No current facility-administered medications on file prior to encounter.

Current Outpatient Medications on File Prior to Encounter

Medication	Sig	Dispense	Refill
• acetaminophen (TYLENOL) 500 mg tablet	Take 1-2 tablets by mouth every 6 hours as needed for Pain.	60 tablet	3
• aspirin 81 mg chewable tablet	Chew and swallow 1 tablet Daily.	90 tablet	3
• atorvaSTATin (LIPITOR) 80 MG tablet	Take 1 tablet by mouth Daily.	90 tablet	3
• calcium carbonate (TUMS) 500 mg chewable tablet	Chew and swallow 2 tablets every 4 hours as needed for Indigestion.	90 tablet	0
• cholecalciferol (CHOLECALCIFEROL) 50 mcg (2,000 units) tablet	Take 1 tablet by mouth Daily For low vitamin D..	90 each	0
• citalopram (CELEXA) 20 mg tablet	Take 1 tablet by mouth Daily.	90 tablet	3
• clopidogrel (PLAVIX) 75 mg tablet	Take 1 tablet by mouth Daily.	90 tablet	0
• clopidogrel (PLAVIX) 75 mg tablet	Take 1 tablet by mouth Daily.	60 tablet	0
• donepezil (ARICEPT) 10 MG tablet	Take 1 tablet by mouth daily.	90 tablet	3
• levothyroxine (SYNTHROID) 100 mcg tablet	Take 1 tablet by mouth Daily for low thyroid hormone. Best taken on an empty stomach at least 30 minutes before food or other medicines..	90 tablet	0
• melatonin 3 mg TABS	Take 1 tablet by mouth nightly.	90 tablet	3
• polyethylene glycol (MIRALAX) 17 g packet	Take 1 diluted packet by mouth Daily as needed.	30 each	1
• senna (SENOKOT) 8.6 mg	Take 1 tablet by	90 tablet	0

Delirium Risk Factors

Table 1—Mnemonic for Reversible Causes of Delirium

Drugs	Any new additions, increased dosages, or interactions Consider OTC drugs and alcohol Consider especially high-risk drugs (Table 4)
Electrolyte disturbances	Especially dehydration, sodium imbalance Thyroid abnormalities
Lack of drugs	Withdrawals from chronically used sedatives, including alcohol and sleeping pills Poorly controlled pain (lack of analgesia)
Infection	Especially urinary and respiratory tract infections
Reduced sensory input	Poor vision, poor hearing (lack of glasses, hearing aids in the hospital)
Intracranial	Infection, hemorrhage, stroke, tumor
Urinary, fecal	Urinary retention: "cystocerebral syndrome" Fecal impaction, constipation
Myocardial, pulmonary	Myocardial infarction, arrhythmia, exacerbation of heart failure, exacerbation of COPD, hypoxia, hypercarbia

Geriatric Review Syllabus, 11th Edition, American Geriatric Society

Delirium Risk Factors

★ Pat's delirium risk factors

Table 1—Mnemonic for Reversible Causes of Delirium

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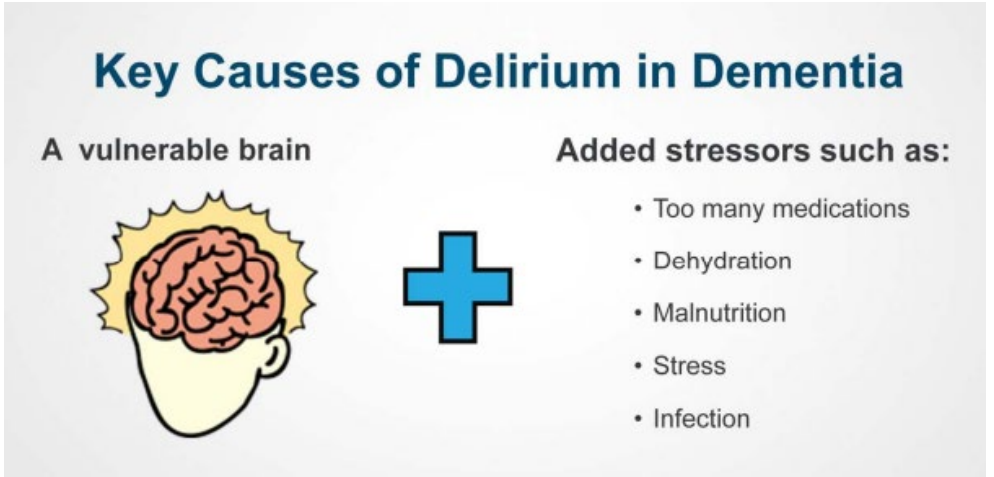
Geriatric Review Syllabus, 11th Edition, American Geriatric Society

Delirium in Dementia

Major neurocognitive disorder (dementia) is perhaps the strongest predisposing risk factor for delirium

Plug for early detection!

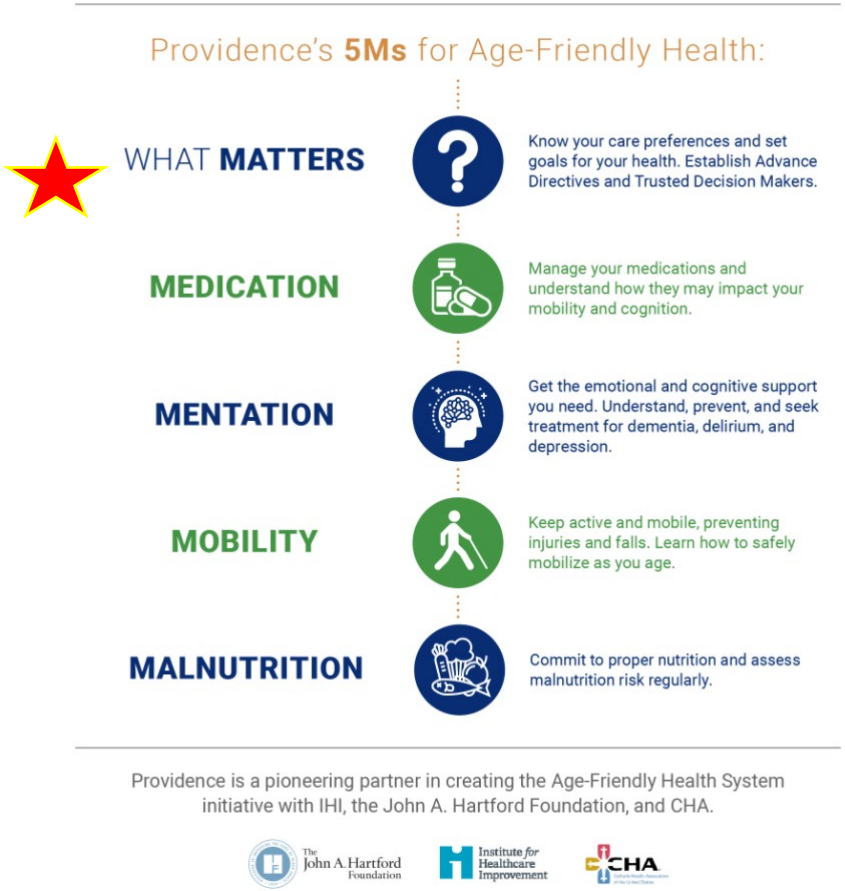


Prevention of Hospital Delirium: What do we know?

- Avoid anticholinergics, benzodiazepines, opioids, H2 blocker, TCA, steroids
- Fluid management- avoid dehydration
- Early mobilization
- Avoid sleep disturbances
- Minimize perceptual deficits/glasses/aids
- Environmental awareness, nutrition, oxygenation.
- HELP, ABCDE bundle and ACE program multicomponent program
- Pharmacist led medication review in institutional long-term care

Now, let's apply this to our **ambulatory** practice!

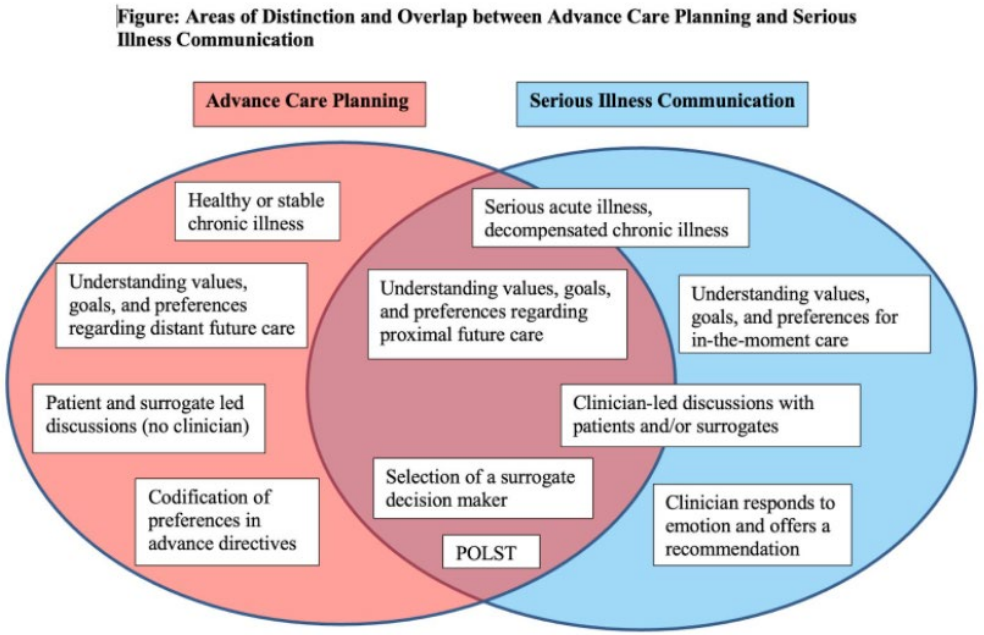
Prevention of Delirium in Dementia: What Matters



- How do you ASSESS and ACT on WHAT MATTERS to People Living with Dementia and Their Care Partners?
  - What is important to you today?
  - What brings you joy?
  - What concerns you most when you think of your healthcare and your future?
  - What things about your health care do you find too bothersome or difficult?
- Advance Care Planning and Serious Illness Communication
- Care Partner Support
  - Train to identify delirium

Prevention of Delirium in Dementia: What Matters

- Know that Advance care planning (ACP) is an individual PROCESS where there will be areas of overlap with Serious illness communication and sometimes a lot of uncertainty!
- As a PROCESS we should try to adopt a guiding FRAMEWORK for ACP:
  - Ask about illness understanding
  - Give a patient-centered prognosis
  - Discuss values/goals
  - Make a recommendation

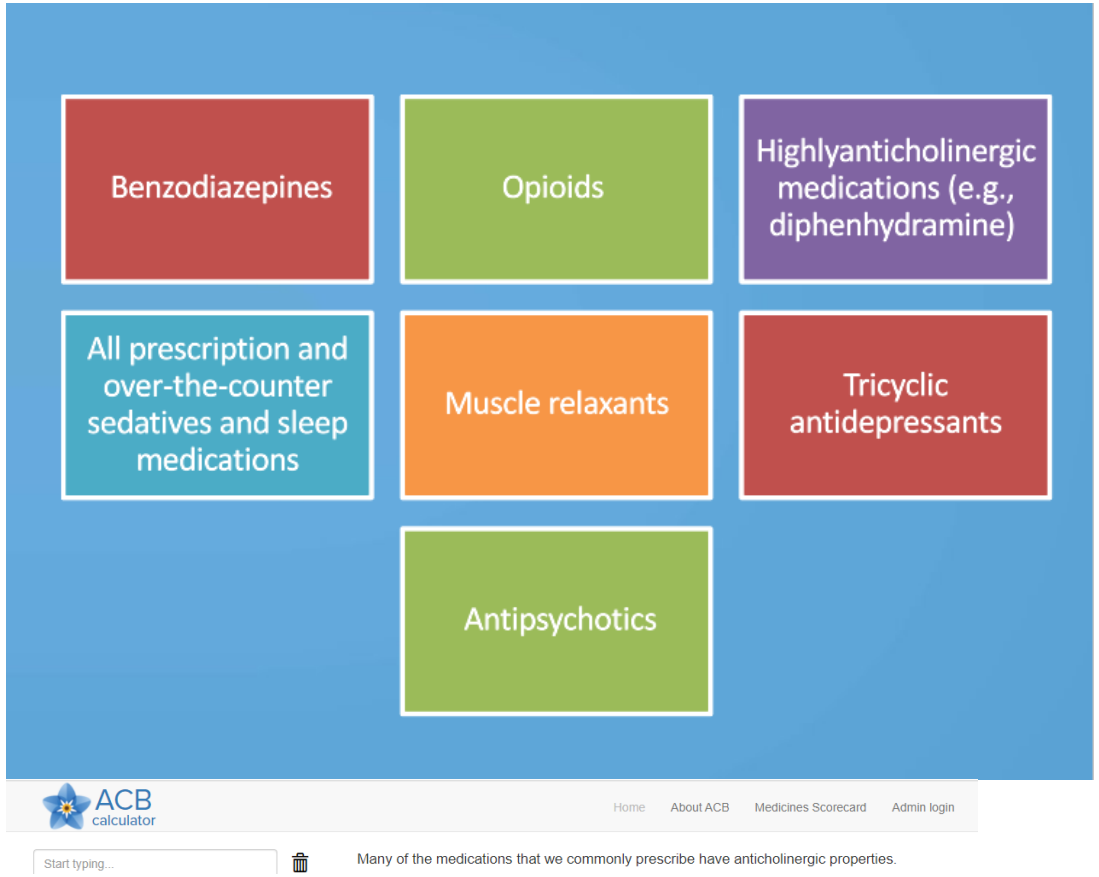


Prevention of Delirium in Dementia: Meds

- Assess and Act on Medications that can cause Delirium
- If a medication is needed:
  - Choose one that does not interfere with
    - Mobility
    - Mentation
    - Matters Most

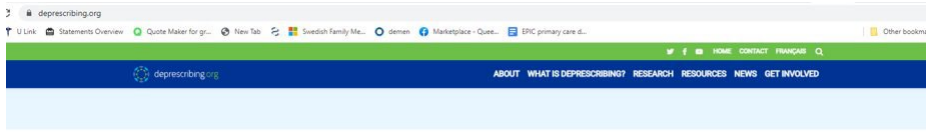
Prevention of Delirium in Dementia: Meds

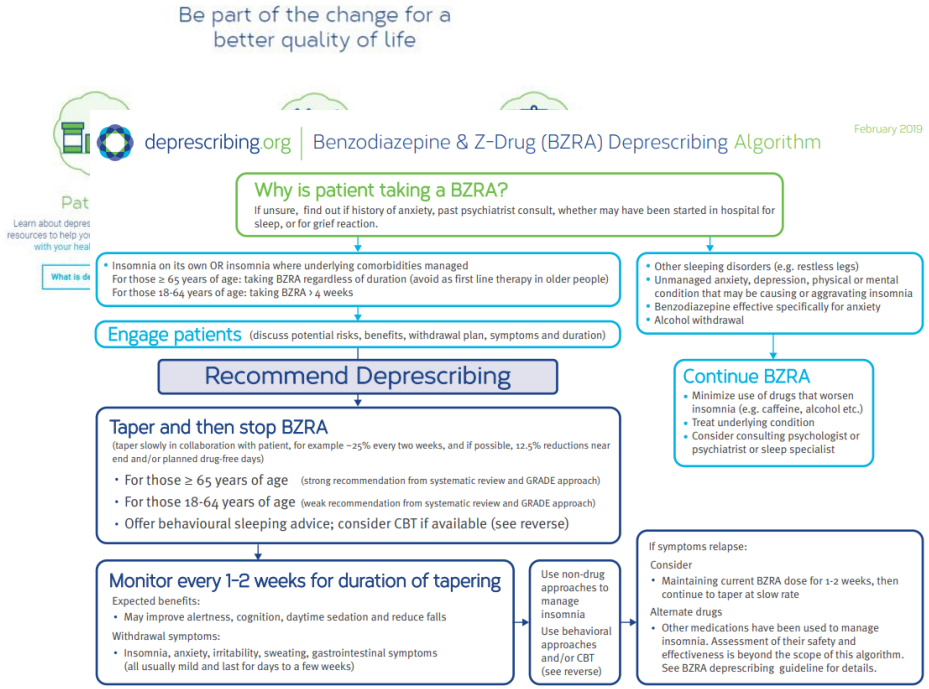
Identify High-Risk Meds



Prevention of Delirium in Dementia: Meds

deprescribing.org/





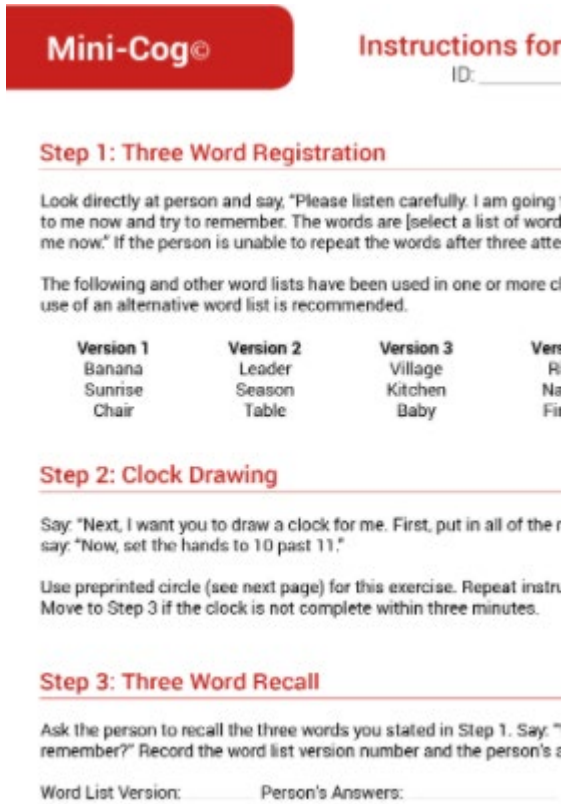
Prevention of Delirium in Dementia: Meds

Prevention of Delirium in Dementia: Mentation

- Early detection of dementia!
- Screen for depression and treat
- Address social isolation and loneliness
- Care Partner Well-Being

Prevention of Delirium in Dementia: Early Detection

Brief Cognitive Screen



Mini-Cog©

Instructions for

ID: _____

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going
to me now and try to remember. The words are [select a list of word
me now." If the person is unable to repeat the words after three atte

The following and other word lists have been used in one or more cl
use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Ver
Banana	Leader	Village	R
Sunrise	Season	Kitchen	Na
Chair	Table	Baby	Fi

Step 2: Clock Drawing

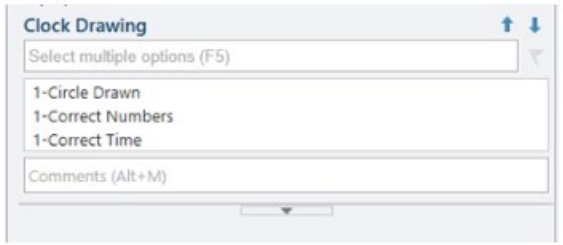
Say: "Next, I want you to draw a clock for me. First, put in all of the r
say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instru
Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "
remember?" Record the word list version number and the person's a

Word List Version: Person's Answers:

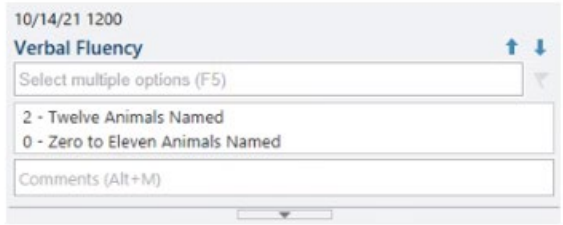


Clock Drawing

Select multiple options (F5)

1-Circle Drawn
1-Correct Numbers
1-Correct Time

Comments (Alt+M)



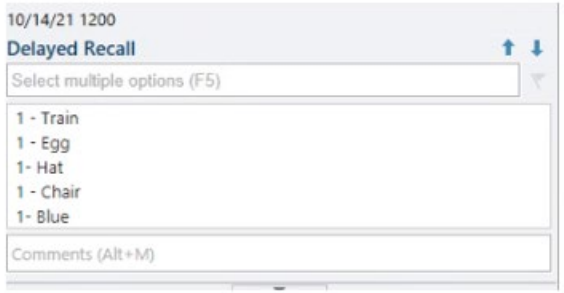
10/14/21 1200

Verbal Fluency

Select multiple options (F5)

2 - Twelve Animals Named
0 - Zero to Eleven Animals Named

Comments (Alt+M)



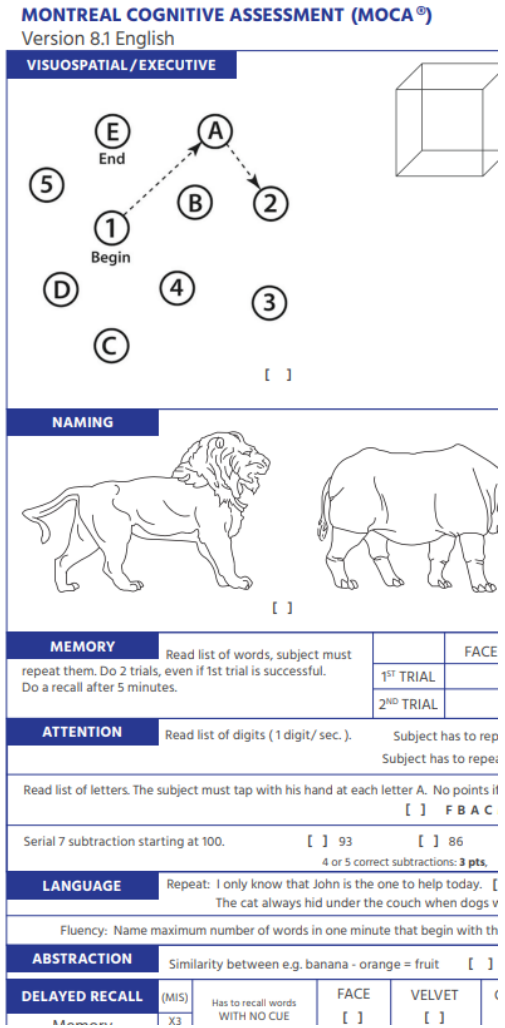
10/14/21 1200

Delayed Recall

Select multiple options (F5)

1 - Train
1 - Egg
1- Hat
1 - Chair
1- Blue

Comments (Alt+M)



MONTREAL COGNITIVE ASSESSMENT (MOCA®)

Version 8.1 English

VISUOSPATIAL/EXECUTIVE

E End A 5 B 2 1 Begin D 4 3 C

[ ]

NAMING

[ ]

MEMORY Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

FACE

1ST TRIAL

2ND TRIAL

ATTENTION Read list of digits (1 digit/ sec.). Subject has to rep

Subject has to repea

Read list of letters. The subject must tap with his hand at each letter A. No points if

[ ] F B A C

Serial 7 subtraction starting at 100. [ ] 93 [ ] 86

4 or 5 correct subtractions: **3 pts,**

LANGUAGE Repeat: I only know that John is the one to help today. [

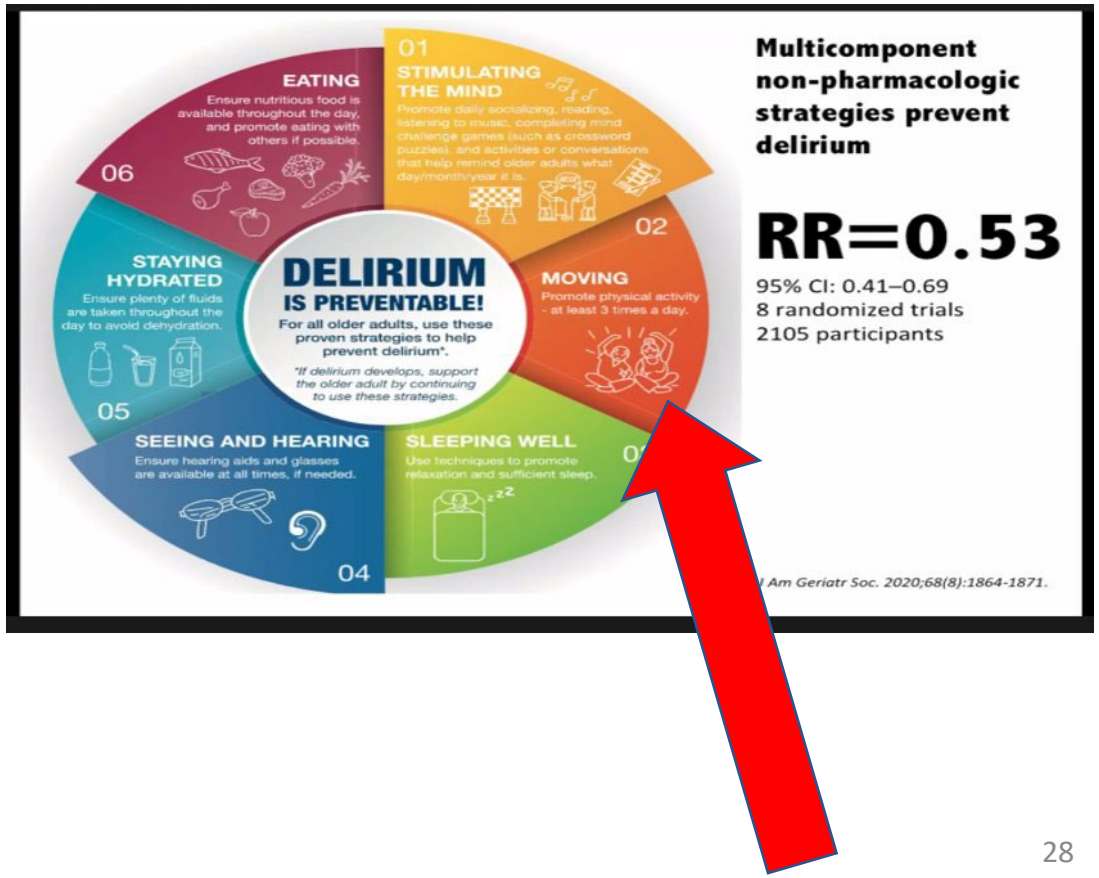
The cat always hid under the couch when dogs v

Fluency: Name maximum number of words in one minute that begin with th

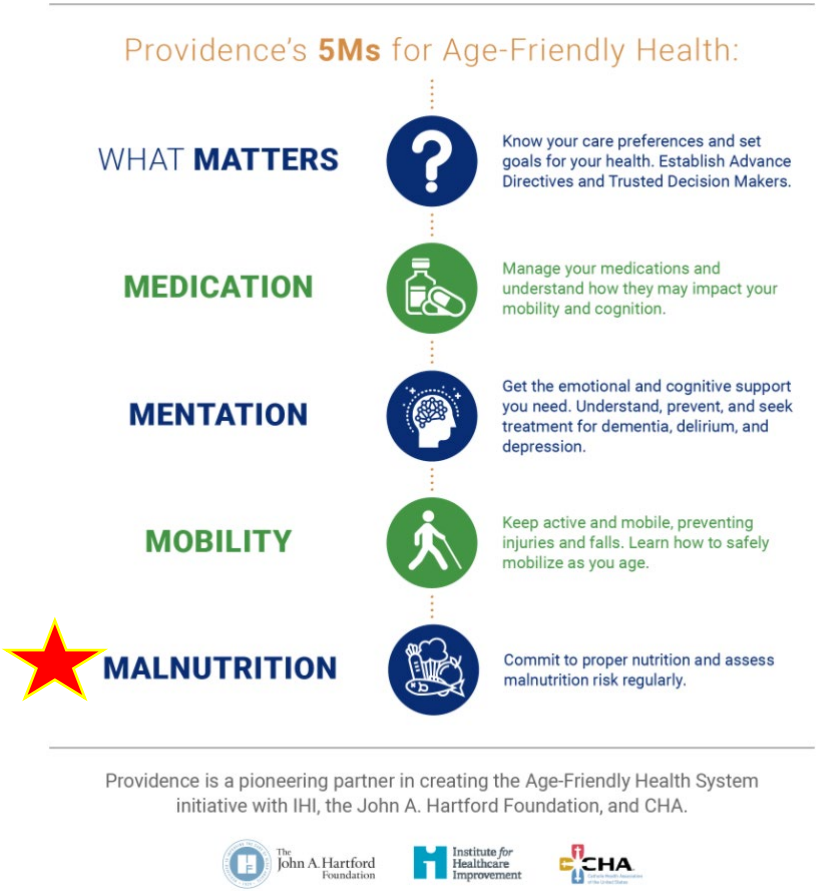
ABSTRACTION Similarity between e.g. banana - orange = fruit [ ]

DELAYED RECALL (MIS) Has to recall words WITH NO CUE FACE [ ] VELVET [ ]

Prevention of Delirium in Dementia: Mobility



Prevention of Delirium in Dementia: Malnutrition/Dehydration

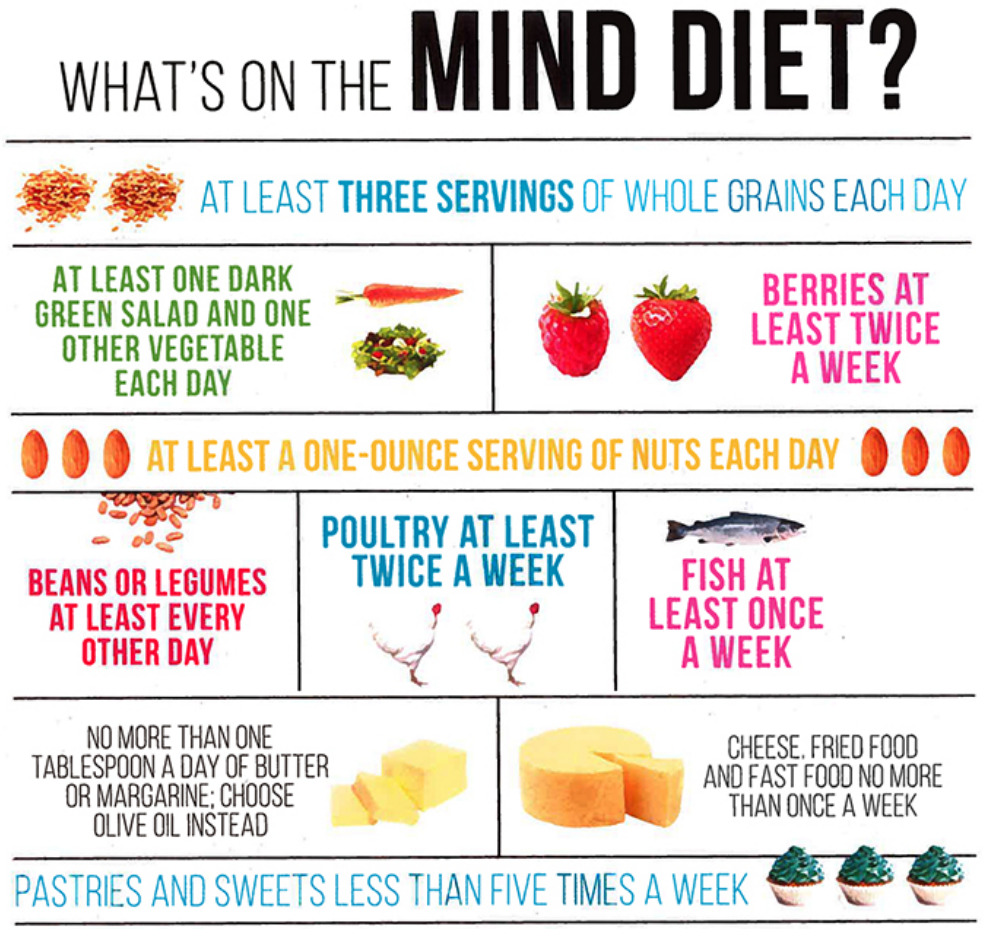


- Nutrition/Hydration
  - Dehydration can lead to decreased brain perfusion
  - With aging and dementia: decreased thirst response, inattention (may not sit and complete a full serving of fluids), swallowing difficulties
  - Malnutrition has been correlated with delirium risk
  - Coach people and care partners on how to prevent this

Prevention of Delirium in Dementia: Dehydration

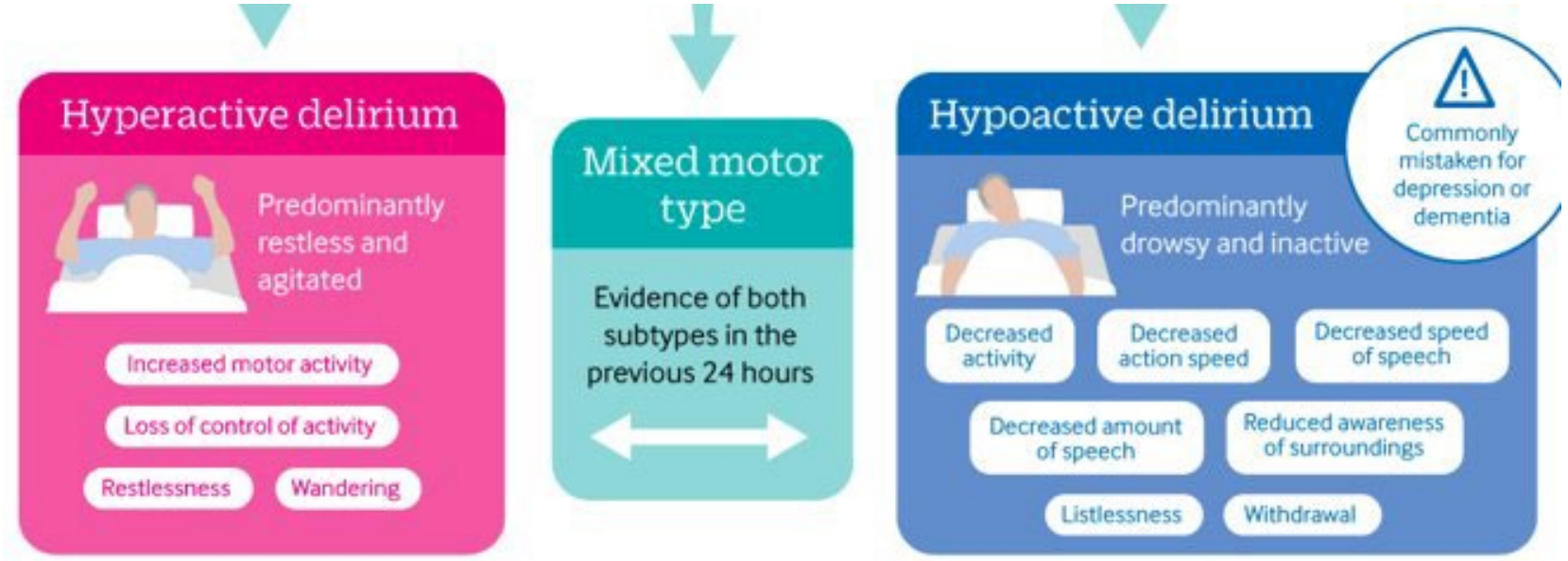
1. Keep water close.
2. Set hydration reminders.
3. Invest in adapted drinking aids.
4. Stay hydrated with tasty, nutritious snacks.
5. Use mirroring to encourage hydration.
6. Make drinking breaks part of routine activities.
7. Stay comfortable and cool.
8. Provide their favorite drinks.

Prevention of Delirium in Dementia: Malnutrition/MIND



- Nutritional deficiencies can put people at risk for delirium
- MIND stands for Mediterranean-DASH Intervention for Neurodegenerative Delay. It is similar to two other healthy meal plans: DASH and the Mediterranean diet.
- MIND diet is associated with a slower rate of cognitive decline

Delirium in Dementia: What Does it Look Like?



Delirium in Dementia:
What Does it Look Like and How Do you Screen for it?

4AT

(label)

Patient name:

Date of birth:

Patient number:

Assessment test for delirium & cognitive impairment

Date: **Time:**

Tester:

CIRCLE

[1] ALERTNESS

This includes patients who may be markedly drowsy (eg. difficult to rouse and/or obviously sleepy during assessment) or agitated/hyperactive. Observe the patient. If asleep, attempt to wake with speech or gentle touch on shoulder. Ask the patient to state their name and address to assist rating.

Normal (fully alert, but not agitated, throughout assessment)	0
Mild sleepiness for <10 seconds after waking, then normal	0
Clearly abnormal	4

[2] AMT4

Age, date of birth, place (name of the hospital or building), current year.

No mistakes	0
1 mistake	1
2 or more mistakes/untestable	2

[3] ATTENTION

Ask the patient: "Please tell me the months of the year in backwards order, starting at December." To assist initial understanding one prompt of "what is the month before December?" is permitted.

Months of the year backwards	Achieves 7 months or more correctly	0
	Starts but scores <7 months / refuses to start	1
	Untestable (cannot start because unwell, drowsy, inattentive)	2

[4] ACUTE CHANGE OR FLUCTUATING COURSE

Evidence of significant change or fluctuation in: alertness, cognition, other mental function (eg. paranoia, hallucinations) arising over the last 2 weeks and still evident in last 24hrs

No	0
Yes	4

4 or above: possible delirium +/- cognitive impairment
1-3: possible cognitive impairment
0: delirium or severe cognitive impairment unlikely (but delirium still possible if [4] information incomplete)

4AT SCORE ☐

Confusion Assessment Method (CAM)
Short form

The diagnosis of delirium by CAM requires the presence of BOTH f

CAM Confusion Assessment Method

A. Acute onset and **Fluctuating course**	Is there evidence of an acute cha status from patient baseline? Does the abnormal behavior: ➢ come and go? ➢ fluctuate during the day? ➢ increase/decrease in sever
B. Inattention	Does the patient: ➢ have difficulty focusing atte ➢ become easily distracted? ➢ have difficulty keeping tracl
AND the presence of EITHER feature C	
C. Disorganized thinking	Is the patient's thinking ➢ disorganized ➢ incoherent For example does the patient ha ➢ rambling speech/irrelevant ➢ unpredictable switching of ➢ unclear or illogical flow of id
D. Altered level of consciousness	Overall, what is the patient's leve consciousness: ➢ alert (normal) ➢ vigilant (hyper-alert) ➢ lethargic (drowsy but easily ➢ stuporous (difficult to rouse ➢ comatose (unrousable)

The Family Confusion Assessment Method (FAM-CAM) Instrument and Training Manual

Please address questions to:

Sharon K. Inouye, M.D., MPH
Aging Brain Center
Institute for Aging Research
Hebrew SeniorLife
1200 Centre Street
Boston, MA 02131
Phone: (617) 971-5390
Fax: (617) 971-5309
Email: AgingBrainCenter@hsl.harvard.edu

Delirium in Dementia: Train our care partners!

Family Confusion Assessment Method (FAM-CAM)

For Research and Clinical Staff

Evaluator:

Caregiver/Informant: **Date:**

Patient: **Time:**

[Screening for an appropriate caregiver is recommended: See Instructions]

Circle the answer to each question

These questions are intended to identify changes to [family member's name] thinking, concentration, and alertness during recent days. Please stop me at any time if you do not understand the questions.

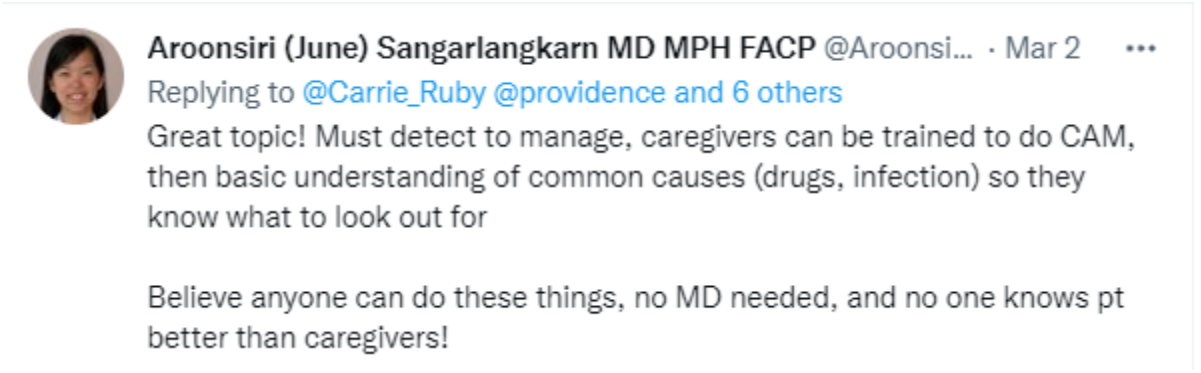
1. I'd like you to think about the past [month/week/day]*. During this [month/week/day]*, have you noticed any changes in his/her thinking or concentration, such as being less attentive, appearing confused or disoriented (not knowing where he/she was), behaving inappropriately, or being extremely sleepy all day?	Yes	No	Don't Know
* Adjust time frame as appropriate for your purposes			
2. Did he/she have difficulty focusing attention, for example, being easily distracted or having trouble keeping track of what you were saying at any time?	Yes	No	Don't Know
3. Was his/her speech disorganized, incoherent, rambling, unclear, or illogical at any time?	Yes	No	Don't Know
4. Did he/she seem excessively drowsy or sleepy during the daytime at any time?	Yes	No	Don't Know
5. Was he/she disoriented, for example, thinking he/she was somewhere other than where he/she was, or misjudging the time of day at any time?	Yes	No	Don't Know
6. Did he/she seem to see or hear things which weren't actually present, or seem to mistake what he/she saw or heard for something else at any time?	Yes	No	Don't Know
7. Did he/she behave inappropriately, such as wandering, yelling out, or being combative or agitated at any time?	Yes	No	Don't Know

8. Please tell us more about the changes you noticed in any of the behaviors in #1-7 above.
Record as much detail as possible

_____
_____
_____
_____
_____
_____
_____
_____
_____

9. Were any of the changes (#1-7) present all the time, or did they come and go from day to day?	All the time	Come and go	Don't know	
10. When did these changes first begin? Would you say they began:	Within the last week	Between 1 and up to 2 weeks ago	Between 2 and up to 4 weeks ago	More than 4 weeks ago
11. Overall, have these changes been getting better, worse, or staying about the same?	Better	Worse	About the Same	Don't Know

Delirium in Dementia: Train our care partners!



Aroonsiri (June) Sangarlangkarn MD MPH FACP @Aroonsi... · Mar 2

Replying to @Carrie_Ruby @providence and 6 others

Great topic! Must detect to manage, caregivers can be trained to do CAM, then basic understanding of common causes (drugs, infection) so they know what to look out for

Believe anyone can do these things, no MD needed, and no one knows pt better than caregivers!

Delirium in Dementia: Perioperative Considerations

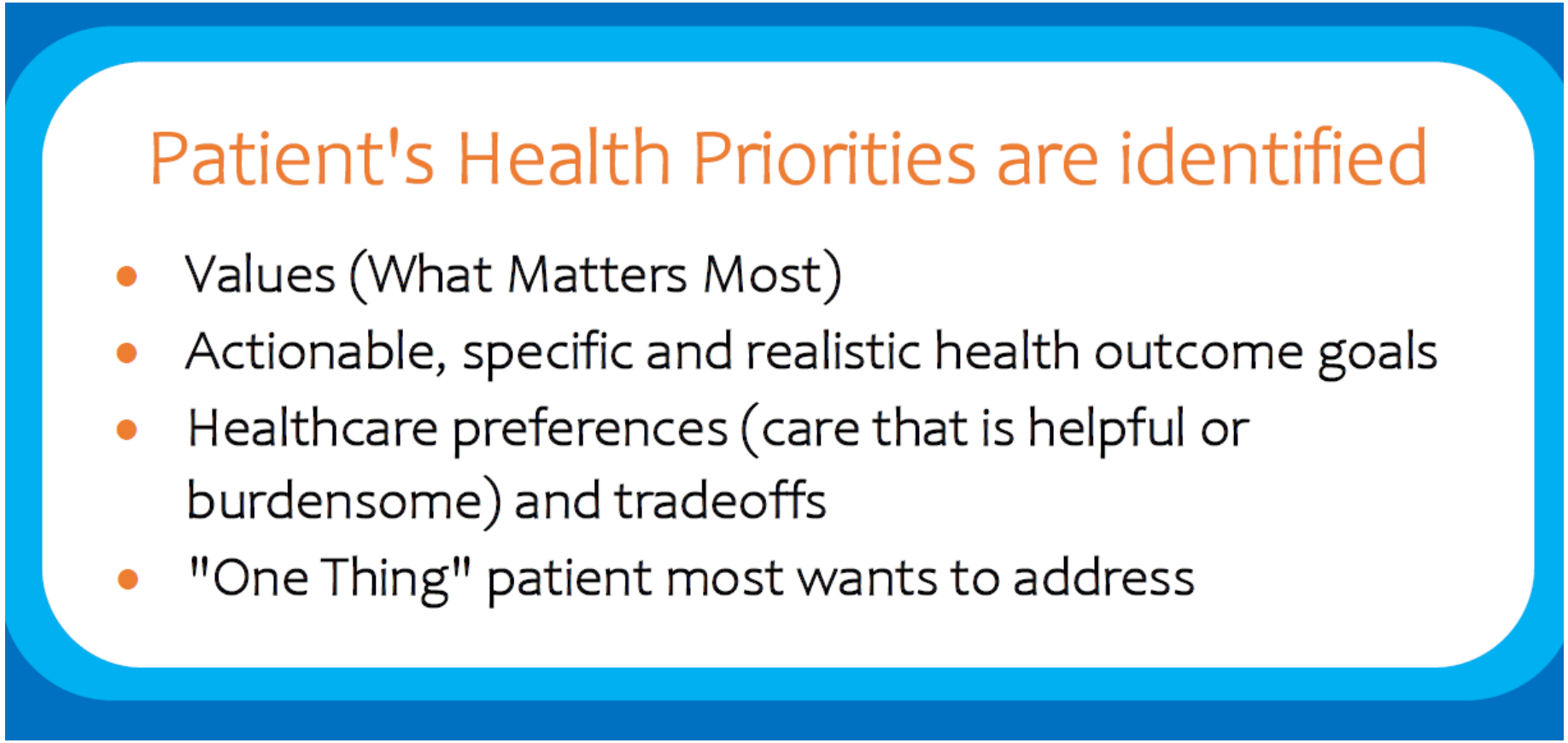
- Risk stratify people pre-operatively
  - Understand risks
    - surgery and anesthesia are potent stimuli to the development of delirium
    - surgery can trigger neuroinflammation
  - Update cognitive evaluation
  - Identify and try to deprescribe high risk meds
  - Discuss what matters most
    - discuss risks and optimize them and understand/balance benefits

Neurovascular and immune mechanisms that regulate postoperative delirium superimposed on dementia, April 2020

Choosing What Matters, Doing What Works

Patient Priorities Care – M. Tinetti, MD

- https://patientprioritiescare.org/patient-facing-materials/
- https://patientprioritiescare.org/what-is-patient-priorities-care-and-why-is-it-important/



Aligning Care With Patient's Priorities

Clinicians consider whether current or potential interventions* are consistent with patient's health priorities and health trajectory.

*Medications, self-management tasks, supportive services, testing, procedures, etc.

Clinicians use patient's priorities

- as focus of communication and decision-making,
- as target of serial trials to start, stop or continue interventions, and
- to reconcile decisions among clinicians when different perspectives or recommendations exist.

Clinicians, patients and care partners work together

Patient Priorities Care: Health Priorities Template

What Matters most (Values):
Spend time with family, Volunteering - link to community, Mobility/Activity - handling books

Most Important Health Goals: Health goals are specific and realistic activities or outcomes that show you are doing what matters most in your life. These health goals are what you want to achieve with your healthcare.

1. Watch grandchildren after school 2-3 times weekly
2. Volunteer in library, handling books, two times weekly

Most Bothersome Symptoms or Problems interfering with your health goals:

1. Fatigue
2. Hand pain

Health care preferences (Helpful and burdensome care and medications)

Helpful care: self-management tasks, clinical visits, tests, or procedures, that you think are helping most with your health goals and you can do them without too much difficulty

1. Exercise, physical therapy
2. Bloodwork and imaging

Helpful medications: Medications you think are helping most with your health goals and you can take without too much difficulty

1. Acetaminophen for arthritis pain

Burdensome care: self-management tasks, clinical visits, tests, or procedures that don't think are helping your goals and are burdensome or too difficult. You should talk with your doctor about whether these are helping your goals. If not, can you stop them or cut back? If they are helping, is there a way to make them less burdensome or less difficult?

1. CPAP
2. Being in the hospital

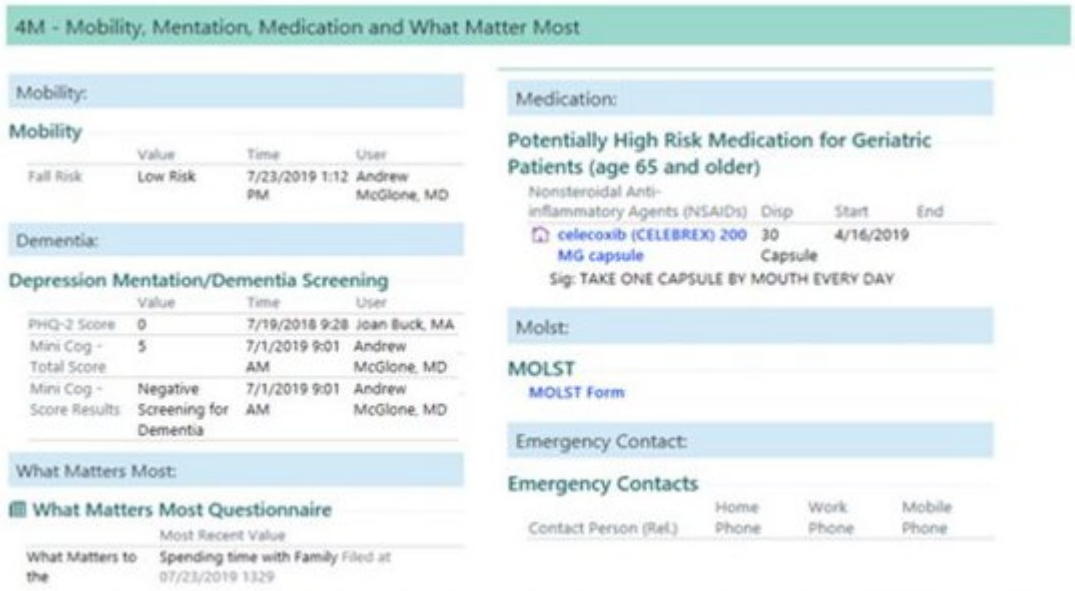
Burdensome medications: Medications you don't think are helping your goals and are too burdensome. You should talk with your doctor about whether these are helping your goals. If not, can you stop or decrease? If they are helping, is there a way to make them less burdensome?

1. Taking multiple medications daily

The One Thing: Your most important health goal is being less tired, having less pain in my hands so that I can continue to watch my grandchildren and volunteer in the library handling books more often or more easily.

Prevention of Delirium in Dementia: Handoffs

EPIC: Age-Friendly SnapShot



4M - Mobility, Mentation, Medication and What Matter Most

Mobility:

Mobility

	Value	Time	User
Fall Risk	Low Risk	7/23/2019 1:12 PM	Andrew McGlone, MD

Dementia:

Depression Mentation/Dementia Screening

	Value	Time	User
PHQ-2 Score	0	7/19/2018 9:28	Joan Buck, MA
Mini Cog - Total Score	5	7/1/2019 9:01 AM	Andrew McGlone, MD
Mini Cog - Score Results	Negative Screening for Dementia	7/1/2019 9:01 AM	Andrew McGlone, MD

What Matters Most:

What Matters Most Questionnaire

	Most Recent Value
What Matters to the	Spending time with Family Filed at 07/23/2019 1329

Medication:

Potentially High Risk Medication for Geriatric Patients (age 65 and older)

Nonsteroidal Anti-inflammatory Agents (NSAIDs)	Disp	Start	End
celecoxib (CELEBREX) 200 MG capsule	30 Capsule	4/16/2019	

Sig: TAKE ONE CAPSULE BY MOUTH EVERY DAY

Molst:

MOLST

MOLST Form

Emergency Contact:

Emergency Contacts

Contact Person (Rel.)	Home Phone	Work Phone	Mobile Phone

Objectives: Reprise

1. We've reviewed Age-Friendly Health Systems 5M Framework.
2. We understand better delirium risks **from the Primary Care perspective.**
3. We can use the Age-Friendly Health Systems 5Ms Framework to actively prevent delirium in persons living with dementia.
4. We have learned about a tool called Patient Priorities Care and how you can use it in your practice

Thank you and Resources for Your Practice!

- GeriPal ACP&Serious Illness Communication
- Dementia Roadmap
- https://deprescribing.org/
- Age-Friendly Health Systems
- https://patientprioritiescare.org/patient-facing-materials/
- https://www.vitaltalk.org/
- Serious Illness Conversation Guide - 2020.pdf
- http://www.acbcalc.com/
- FAM-CAM tool

Case Presentation

Common patient concerns

Thank you!

This material was prepared by Mountain-Pacific Quality Health, a Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW-MPQHF-AS-NH-03/22-122