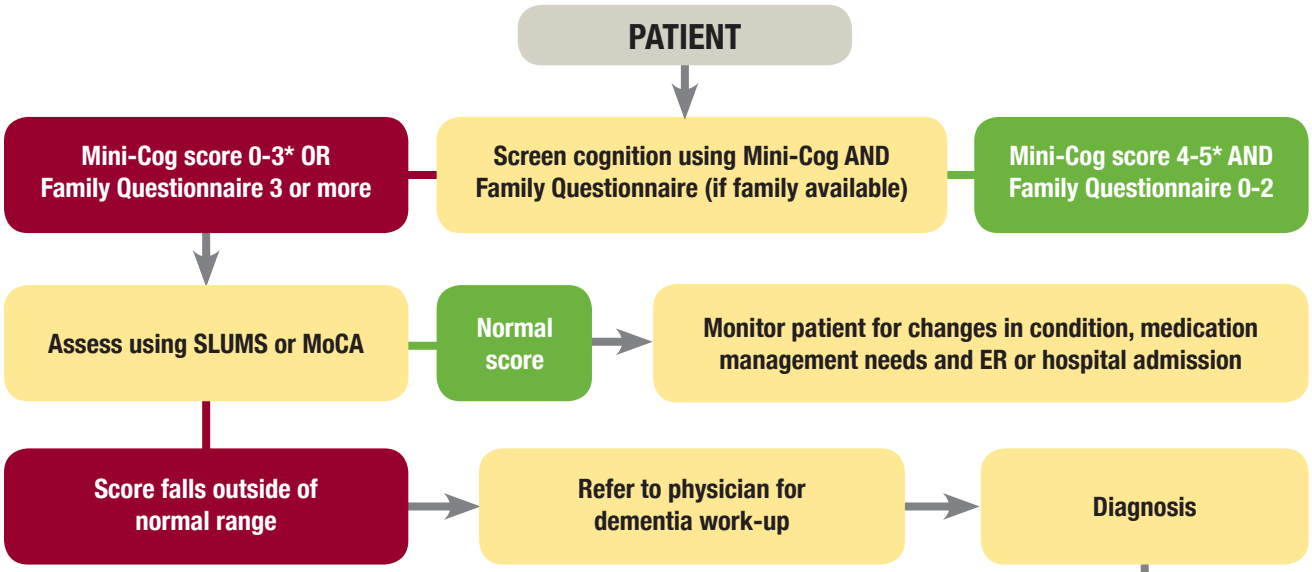
CARE COORDINATION PRACTICE TOOL

COGNITIVE IMPAIRMENT IDENTIFICATION AND DEMENTIA CARE COORDINATION**



MoCA:
Normal 26-30
Mild Cognitive Impairment 21-25
Moderate 15-20
Severe 0-14

SLUMS (high school education)
Normal 27-30
Mild Cognitive Impairment 21-26
Dementia 1-20

SLUMS (Less than high school education)
Normal 25-30
Mild Cognitive Impairment 20-24
Dementia 1-19

Family Questionnaire
www.actonalz.org/pdf/Family-Questionnaire.pdf

Mini-Cog
www.mini-cog.com

Montreal Cognitive Assessment (MoCA)
www.mocatest.org

St. Louis University Mental Status (SLUMS)
http://medschool.slu.edu/agingsuccessfully/pdfsurveys/slumsexam_05.pdf

DEMENTIA CARE COORDINATION

- Identify care partner
- Conduct comprehensive assessment of patient
- Provide disease education
- Develop care plan based on patient's diagnosis and stage of disease (MCI, early, middle, late), needs and goals
- Arrange services and supports
- Determine visit frequency
- Develop plan for communication
- Monitor patient for changes in condition, medication management needs and emergency room or hospital admission
- Re-evaluate and modify care plan as needed

*A cut point of <3 on the Mini-Cog has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

**The latest DSM-5 manual uses the term "Major Neurocognitive Disorder" for dementia and "Mild Neurocognitive Disorder" for mild cognitive impairment. This ACT on Alzheimer's resource uses the more familiar terminology, as the new terms have yet to be universally adopted.

DEMENTIA CARE PLAN CHECKLIST

With the patient and care partner, create a person-centered plan to meet identified needs, address barriers and set goals based on the patient's values.

Conduct comprehensive assessment of patient (include care partner).

- ☐ Person-centered care includes understanding cultural context in which people are living (www.actonalz.org/cultural-competency-awareness)
- ☐ Screening and diagnosis of diverse populations (www.actonalz.org/screening-diverse-populations)

Educate the patient and care partner about diagnosis and disease process.

- ☐ Contact Alzheimer's Association Minnesota-North Dakota 24/7 Helpline at 1-800-272-3900 or visit www.alz.org/mnnd/
- ☐ Refer to the Taking Action Workbook (www.actonalz.org/pdf/Taking-Action.pdf)
- ☐ Culturally responsive resources (www.actonalz.org/culturally-responsive-resources)

Develop care plan based on patient's diagnosis and stage of disease, needs and goals.

Medication Therapy and Management

- ☐ Discuss prescribed and over-the-counter medications
- ☐ Refer to pharmacist for medication review and to simplify medication regimen
- ☐ Work with patient's health care team to create a medication management plan
- ☐ Educate patient and care partner on medication management aids (pill organizers, dispensers, alarms)

Patients in middle and late stages will require medication oversight from care partner or health care professional.

Maximize Abilities

- ☐ Work with patient's health care team to treat conditions that may worsen symptoms or lead to poor outcomes, including depression and co-existing medical conditions (e.g., diabetes, blood pressure, sleep dysregulation)
- ☐ Encourage patient to stop smoking and/or limit alcohol
- ☐ Refer to occupational therapy to maximize ability for self care
- ☐ Encourage lifestyle changes that may reduce disease symptoms or slow their progression (e.g., establish routines for person with disease and care partner)

Care Partner Education and Support (if patient has a care partner)

- ☐ Refer to support groups, respite care, caregiver education and training programs, and caregiver coaching services.
- ☐ Contact the Alzheimer's Association Minnesota-North Dakota 24/7 Helpline at 1-800-272-3900
- ☐ Call the Senior LinkAge Line® at 1-800-333-2433

Health, Wellness and Engagement

- ☐ Encourage regular physical activity and healthy eating
- ☐ Contact Alzheimer's Association Minnesota-North Dakota 24/7 Helpline 1-800-272-3900 for engagement programs
- ☐ Encourage socialization and participation in activities the patient enjoys

See Living Well Workbook for recommendations (www.actonalz.org/pdf/Living-Well.pdf).

DEMENTIA CARE PLAN CHECKLIST (CONT.)

Home and Personal Safety

- ☐ Refer to an occupational therapist and/or physical therapist to address fall risk, sensory/mobility aids and home modifications
- ☐ Obtain MedicAlert® + Alzheimer's Association Safe Return® (call 1-800-272-3900 or visit www.alz.org/care/dementia-medic-alert-safe-return.asp)
- ☐ Refer to occupational therapy for driving evaluation (http://myaota.aota.org/driver_search/index.aspx)
- ☐ Educate patient and care partner about safe driving (see At the Crossroads at www.thehartford.com/advance50/publications-on-aging or Dementia and Driving Resource Center at www.alz.org/driving

Legal Planning

- ☐ Refer to an elder law attorney
- ☐ Encourage patient to assign durable power of attorney and health care directive

Advance Care Planning

- ☐ Encourage patient and family to discuss and document preferences for care when patient is not able to make decisions (see Honoring Choices at www.honoringchoices.org or Health Care Directive at www.extension.umn.edu/family/live-healthy-live-well/healthy-futures/health-care-directive/)

In middle and late stages, discuss palliative care and hospice with patient and care partner.

Arrange services and supports.

- ☐ Link to an expert by calling Senior LinkAge Line®, A One Stop Shop for Minnesota Seniors at 1-800-333-2433 or visit www.MinnesotaHelp.info® to locate and arrange for support, such as indoor and outdoor chore services, home-delivered meals, transportation and assistance with paying for prescription drugs.
- ☐ Contact the Alzheimer's Association Minnesota-North Dakota 24/7 Helpline at 1-800-272-3900 or visit www.alz.org/mnnd
- ☐ Culturally responsive supports and resources: www.actonalz.org/culturally-responsive-resources

Determine visit frequency and plan for communication.

- ☐ Schedule regular check-ins with the patient and care partner (consider monthly face-to-face visits until relationship is established)
- ☐ Educate patient and care partner to contact care coordinator for changes in condition, assistance with medication management and emergency room or hospital admission

Re-evaluate and modify care plan as needed.

MILD COGNITIVE IMPAIRMENT AND STAGES OF ALZHEIMER'S DISEASE
Symptoms and Duration of Disease

Alzheimer's symptoms vary. The information below provides a general idea of how abilities change during the course of the disease. Not everyone will experience the same symptoms nor progress at the same rate. Find additional information on the stages of Alzheimer's at: www.alz.org/alzheimers_disease_stages_of_ alzheimers.asp

Mild Cognitive Impairment (MCI)
www.mayoclinic.com/health/mild-cognitive-impairment/DS00553

- Mild forgetfulness
- Increasingly overwhelmed by making decisions, planning steps to accomplish a task or interpreting instructions
- Mild difficulty finding way in unfamiliar environments
- Mild impulsivity and/or difficulty with judgment
- Family and friends notice some or all of these symptoms
- IADLs only mildly compromised; ADLs are intact

Alzheimer's Disease Early Stage
2-4 years in duration

- Increased short-term memory loss
- Difficulty keeping track of appointments
- Trouble with time/sequence relationships
- More mental energy needed to process information
- Trouble multi-tasking
- May write reminders, but lose them
- Mild mood and/or personality changes
- Increased preference for familiar things
- IADLs more clearly impaired; ADLs slightly impaired

Alzheimer's Disease Middle Stage
2-10 years in duration

- Significant short-term memory loss; long-term memory begins to decline
- Fluctuating disorientation
- Diminished insight
- Changes in appearance
- Learning new things becomes very difficult
- Restricted interest in activities
- Declining recognition of acquaintances, relatives
- Mood and behavioral changes
- Alterations in sleep and appetite
- Wandering
- Loss of bladder control
- IADLs and ADLs broadly impaired

Alzheimer's Disease Late Stage
1-3 years in duration

- Severe disorientation to time and place
- No short-term memory
- Long-term memory fragments
- Loss of speech
- Difficulty walking
- Loss of bladder/bowel control
- No longer recognizes family members
- Inability to survive without total care

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