Legislative Committee on Health Care
Task Force on Alzheimer's Disease

Testimony Presented by Bill Welch, President & CEO
Nevada Hospital Association

Nevada Hospital Alzheimer's Treatment Services Survey Results

NHA has been requested to provide this committee information regarding; what services hospitals provide, challenges hospitals face and how hospitals believe services could be expanded and or improved with respect to individuals who suffer with Alzheimer's. In an effort to provide the most current information in relationship to these questions NHA conducted a survey of all of its members.

As you will see from survey results below, that while a few hospitals provide services specific to Alzheimer's for the most part this is not a service provided in a full service acute care hospital setting. Certainly a number of patients who present at the hospital have Alzheimer's but generally the patient is being admitted for unrelated conditions requiring the hospital to meet the patients admitting diagnosis while addressing the Alzheimer's condition as well.

Does your facility offer specific Alzheimer's treatment services? If so, please describe these services?

- Most stated no.
- A few identified they provided treatment services that centered on patients with mood, psychosis and behavioral problems associated with dementia. Geropsyc units provided specialized assessments and treatments for evaluating the level of cognitive decline and managing the behavioral symptoms associated with Alzheimer's disease and other dementias (i.e. aggression, agitation, anger, depression).
- Private rooms for family to have quiet and intimate time with their loved one.
- Often staffed 1:1 support 24/7 from a hospice aide or volunteer.

If you provide Alzheimer's services are there any barriers or challenges that could be resolved with legislative intervention? If so, please described below:

- Many have behavioral issues or mood disturbances that require psychiatric hospitalization. Many of these patients are neither competent nor capable of signing themselves into the hospital voluntarily; therefore need a legal 2000, yet law specifically excludes patients with dementia being admitted via the legal 2000 process.
- Many patients have legal power of attorney documents for medical decisions; however, these documents always specifically exclude psychiatric hospitalization; therefore, unable to admit to psychiatric unit until guardianship can be applied for and obtained.
- Medicare criteria for hospice eligibility is restrictive, which results in access to hospice late in the progression of the illness.
  LOS is dependent on medical necessity. Some private insurance companies have set their medical necessity criteria for an inpatient stay for Alzheimer's patients having behavioral issues at an unattainable level. Insurance coverage also frequently restricts how patients having behavioral symptoms can access care. These behavioral issues prevent patients from being transferred to a lower level of care unless they are resolved for a period of 3 days before an appropriate discharge can be solidified.

Potential Solutions

- Remove the exclusion for dementia from the Legal 2000 to allow for timely admission of the patients.
- Provide a more expedient process for the application of guardianship.
- Provide incentives for early admittance to hospice when appropriate
- Require insurance coverage to extend minimum length of stay to avoid having to continually obtain authorization for additional days of coverage.

If your facility does not provide specific Alzheimer's treatment services, what provisions are in place at your facility to accommodate patients with Alzheimer's disease?

- Ensure a safe environment by reducing fall risk (bed alarms, wheelchair alarms, sitters, Morse Fall Scale assessment at specific intervals, etc.), hand-off communication, patient

and family education, frequent nursing patient rounding, and environmental interventions, or by utilizing sitters and camera monitored beds to minimize wandering concerns.

- Plan of care is developed based on the patient's and families specific needs
  - Refer patient to appropriate resources such as Senior Bridges, Center for Cognitive Alzheimer Services, locked dementia unit (Evergreen Mountain View in Carson City), Alzheimer's Association, if families can afford it to enlist services of a geriatric care manager to implement a plan of care for current and future needs.
  - If wandering is not an issue or is only minimally an issue, then referral to a group home might be an option as long as they have a payer option.
  - Have psychiatrist monitor all of our patients on any kind of psychological medication, or that is having behavior problems.
  - Have an alarm system that will go off if a patient is going through a door.
  - Staff education to ensure they recognize the needs of these patients to keep them safe.
  - Encouraging patients to continue to be as independent as possible by doing their activities of daily living, using simple communication, activities that involve the 5 senses and supporting family.

Are there any barriers or challenges that could be resolved with legislative intervention? If so, please describe.

- Frequently have long lengths of stay due to inability to obtain a safe discharge due to lack of resources such as mental health facilities unable to take patients as they are at capacity increasing LOS at acute care hospitals.
- Increased cost of care to keep them safe
- Resources are limited, especially in the rural areas; therefore, families have to travel 2 hours or greater round trip to see a loved one that is suffering from Alzheimer's.
- Need a locked unit if they are wanderers. Can't restrain the patients.

Potential Solutions

- Provide for better reimbursement for mental health so that outpatient services can prevent the need for admission into acute care.

- Funding or incentives to encourage organizations to come to the area and build inpatient facilities or encourage existing facilities to increase inpatient capacity.
- Out of state placement is sometimes the only option; therefore funding to provide in-state options would be beneficial.
- State supported assisted living or group homes for some of these patients
- Expansion of state sponsored visiting nurses for those patients that are still on the cusp of independence might be helpful.
- The public guardian's office to provide a more timely intervention when the patient does not have a guardian, leading to a more timely discharge/transfer to an appropriate facility.
- Respite services for the family caregivers of Alzheimer's patients regardless of financial status, which could potentially reduce visits to the ED if the family members could have time off from the 24/7 care.