Aging Brain Care (ABC) Program: STANDARD OPERATING PROCEDURE (SOP)

Subject: Brain Care Plan

The RN Team Captain is responsible to ensure that, for every ABC patient, a personalized Brain Care Plan is:

1. Developed
2. Implemented
3. Monitored for its impact on HABC-M-CG, HABC-M-SR, PHQ-9, ACB scores, Hospital Visits, Emergency Room Visits, Nursing Home visits (at least once per month for the first 3 months and at least every three months thereafter), and
4. Reviewed and updated at least annually by the ABC Physician.

A. Patient's Goals

Elicited Goals (in the words of the patient)	Discussed, Negotiated and Prioritized?	Restated Goal (measurable and time specific)	Priority
"I want to feel better so I can do some of the things I like to do."	*Yes*	*Lose 5 lbs. by May 1, 2017*	*1*
"I want to live alone in my home again."	*No*		

B. Caregiver's Goals

Elicited Goals (in the words of the caregiver)	Discussed, Negotiated and Prioritized?	Restated Goal (measurable and time specific)	Priority
	Yes/No		

C. Dementia Care Quality Targets:

1. Target HABC Monitor Caregiver Version Total Score: -------- (Ideal < 14 or 50% reduction from baseline score by 12 months)
2. Target HABC Monitor Caregiver Version Behavior and Mood Subscore: ----- (Ideal < 2 or 50% reduction from baseline score by 12 months)
3. Target HABC Monitor Caregiver Version Caregiver Burden Subscore: ----- (Ideal < 1 or 50% reduction from baseline score by 12 months)

D. Depression Care Quality Targets:

1. Target HABC Monitor Self-Report Version Total Score: ------ (Ideal < 14 or 50% reduction from baseline score by 12 months)
2. Target PHQ-9 Score: ----- (Ideal < 10 or 50% reduction from baseline score by 12 months)

E. Counseling re Diagnosis, Prognosis and Natural History (Choose at least one item)

1. Alzheimer's Disease (AD)
2. Frontotemporal Dementia (FTD)

3. Lewy Body Dementia
4. Vascular Dementia
5. Mild Cognitive Impairment (MCI)
6. Other Dementing Illness: (please specify) _____
7. Major Depression
8. Minor Depression
9. Other Depressive Disorder: (please specify) _____
10. Delirium
11. Generalized Anxiety Disorder
12. Post-Traumatic Stress Disorder (PTSD)
13. Other Cognitive or Emotional Problems: (please specify) _____

F. Developing and Monitoring the implementation of the Brain Health Prevention Bundle for patients with Mild Cognitive Impairment or at high risk of developing Dementia

1. At least 15 minutes of physical exercise per day
2. At least 120 minutes of brain exercise per day
3. At least 2 social events (each of two hour duration) per week
4. At least 20 minutes of mindfulness three time per day
5. Consumption of Mind Diet 7 days per week
6. Avoidance of medications with adverse cognitive effects such as Definite Anticholinergics.

G. Developing and Monitoring the Implementation of the Caregiver Stress Prevention Bundle

1. At Least 8 consecutive hours per week time-off caregiving psychological and physical responsibilities
2. Monthly support group participation
3. Coaching on Problem Solving Strategy: (please specify at least one problem identified by caregiver and activate its correspondent PREVENT care protocol).
4. At least 15 minutes of physical exercise per day
5. At least 120 minutes of brain exercise per day
6. At least 2 social events (each of two hour duration) per week
7. At least 20 minutes of mindfulness three time per day
8. Consumption of Mind Diet 7 days per week
9. Develop a Crisis Plan Including
    a. Acute Care Utilization
        a. Developing an “If –Then” Plan for Future Hospital Visits
        b. Developing an “If –Then” Plan for Future ED Visits
    b. Safety
        i. Developing an “If –Then” Plan for Home Safety Concerns
        ii. Referral for Driving Evaluation and Rehabilitation
        iii. Develop Medication Adherence Support Plan
    c. Legal, Medical and Financial Planning
        i. Counseling, Education and Referral re Financial Planning
        ii. Counseling, Education and Referral re Legal Planning
        iii. Counseling, Education and Referral re Guardianship
        iv. Complete the Physician Orders for Scope of Treatment (POST).
        v. Develop a Plan for Future Cancer Screening Procedures
        vi. Referral to Elder Abuse Investigative Agency (Adult Protective Services)

H. Initiation and Implementation of Transitional Care Protocol

1. During hospital stay, the RN will:
    a. review medical record for reason for admission or ER visit
    b. contact the inpatient team to provide any relevant and important information about the patient and to discuss plans for post discharge follow-up
    c. request ACE Consult (if available)
    d. monitor the patient's care during the inpatient stay and discuss/intervene with the inpatient team as appropriate
    e. visit the patient in the hospital and discuss plans for post discharge follow-up with patient and family
2. Post discharge, the RN will:
    a. perform the following visits:
        i. at least one home visit within 72 hours of discharge during which the RN will:
            A. complete a history of problems or questions since discharge
            B. review discharge summary and recommendations
            C. review reason for admission/ER visit
            D. discuss ways to avoid inpatient stays and ER visits
            E. reconcile medications
            F. complete the HABC Monitor Caregiver Version and if the patient's MMSE is ≥ 17, complete the HABC Monitor – Self Report Version
            G. administer the CAM-ICU-7 [algorithm based on the Richmond Agitation Sedation Scale (RASS) and the Confusion Assessment Method for the ICU (CAM-ICU)] and, if positive, implement the following:
                1. Delirium Assessment
                    a. Vital signs (pulse, BP, T, RR, and pulse oximetry)
                    b. Potential medical, environmental, or psychological etiologies of the delirium episode
                    c. Interview the caregiver for any sign of acute medical illness
                    d. Review old and new anticholinergic medications
                    e. Review old and new sedating medications.
                2. Discuss findings of the Delirium Assessment with the ABC Physician.
        ii. at least one telephone or face-to-face visit per week during the first month post discharge
        iii. at least three telephone or face-to-face visits per month during months 2-4 post discharge
        iv. at least two telephone or face-to-face visit per month during months 5-6 post discharge
    b. perform a root cause analysis of the acute care event
    c. update the primary care physician and the ABC clinical team re the patient's hospitalization, follow-up visits and any ongoing concerns

I. Connect the patient or the caregiver with community resources:

a. Counseling, Education and Assistance re Community Resources for _____

b. Counseling, Education and Assistance re Alzheimer's Association
c. Counseling, Education and Assistance re Adult Day Care.
d. Counseling, Education and Assistance re Respite Care

J. Develop Behavioral Therapy Plan for Major Depression, Generalized Anxiety Disorder:

a. Initiate 8 Weeks of Cognitive Behavioral Therapy
b. Initiate 8 Weeks of Problem Solving Therapy
c. Initiate 8 weeks of Behavioral Activation
d. Initiate Relapse Prevention
e. Initiate 8 Weeks of Family Therapy
f. Referral to Mental health Provider for long-term behavioral therapy.

K. Referral for In Home Services:

a. Home Health Care Services for _____
b. Counseling, Education and Assistance re In-Home Services for _____
c. Housekeeping Services
d. Home Modification Services
e. Physical Rehabilitation (PT/OT)
f. Referral to Local Area on Aging (CICOA)

L. Consider Alternative Living Settings:

a. Counseling, Education and Assistance with Assisted Living (Non-Memory Care Unit)
b. Counseling, Education and Assistance with Assisted Living (Memory Care Unit)
c. Counseling, Education and Assistance with Nursing Home Placement

M. Implement and Monitor Pharmacological Therapy Plan ordered by the Memory Care Physician:

a. Prescribe Anti Dementia medications: _____
b. Prescribe Antidepressant: _____
c. Prescribe Vascular Burden Reduction therapy:_____
d. Deprescribe Medications with Adverse Cognitive Effects (such as Anticholinergics, Benzodiazepines, and Histamine 2 Receptor Antagonists)
e. Prescribe Anxiolytics: _____
f. Prescribe Sleep Medication: _____
g. Prescribe Other Medication:_____

Other

A. Referral for other services: _____
B. Other Care Plan Actions: _____