

Dementia Safety Screening Tool (DSST) for Home Based Primary Care

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The research reported on this poster received no support. The investigators retained full independence in the conduct of this research.

What we learned

Quality improvement metrics are implemented to document basic minimum standards, but do not always translate into improved quality of care for patients. Devising a user friendly tool enables providers to identify a need, standardize patient care, and improve quality of life for the patient.

Purpose

- There are 5.5 million persons with dementia in the United States, and 81% of them live in the community.¹
- This diagnosis impacts a patient as well as their support system.

Rationale

- Clinicians seeing patients with Home Based Primary Care Programs are in a unique position to assess the medical and social effects of dementia on patients and their support systems.
- Quality improvement metrics are implemented to document basic minimum standards but do not always translate into improved quality of care for patients.

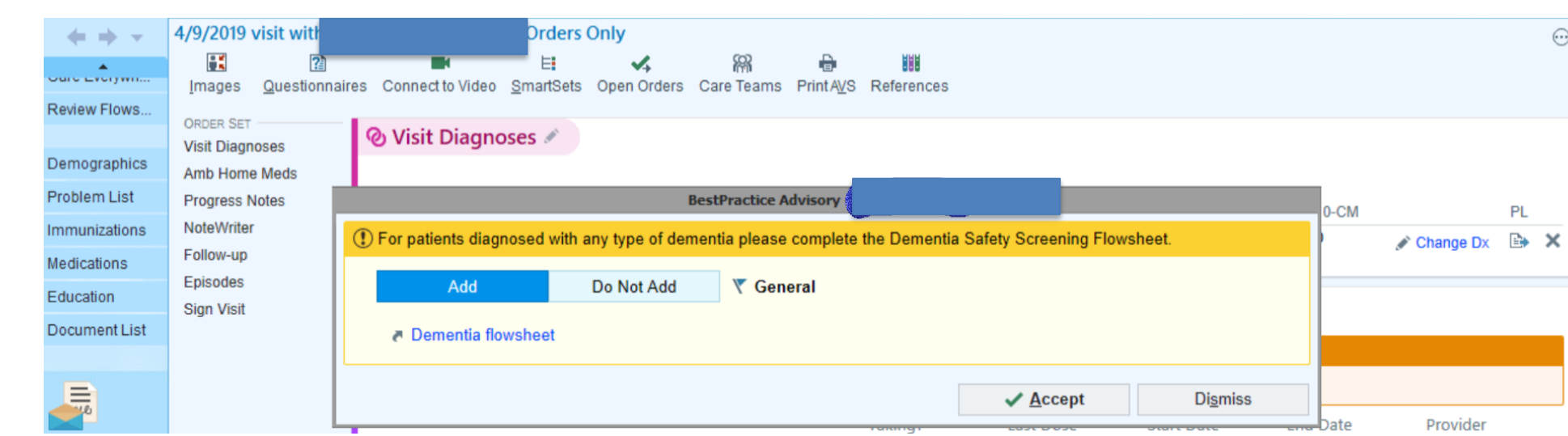
Supporting Literature

- The 2019 Merit-based Incentive Payment System (MIPS) Clinical Quality Measure for dementia requires documented safety concern screening in two domains of risk: 1) dangerousness to self or others and 2) environmental risks, as well as documentation of any recommendations.
- No standardized safety screening tool exists for this measure.²

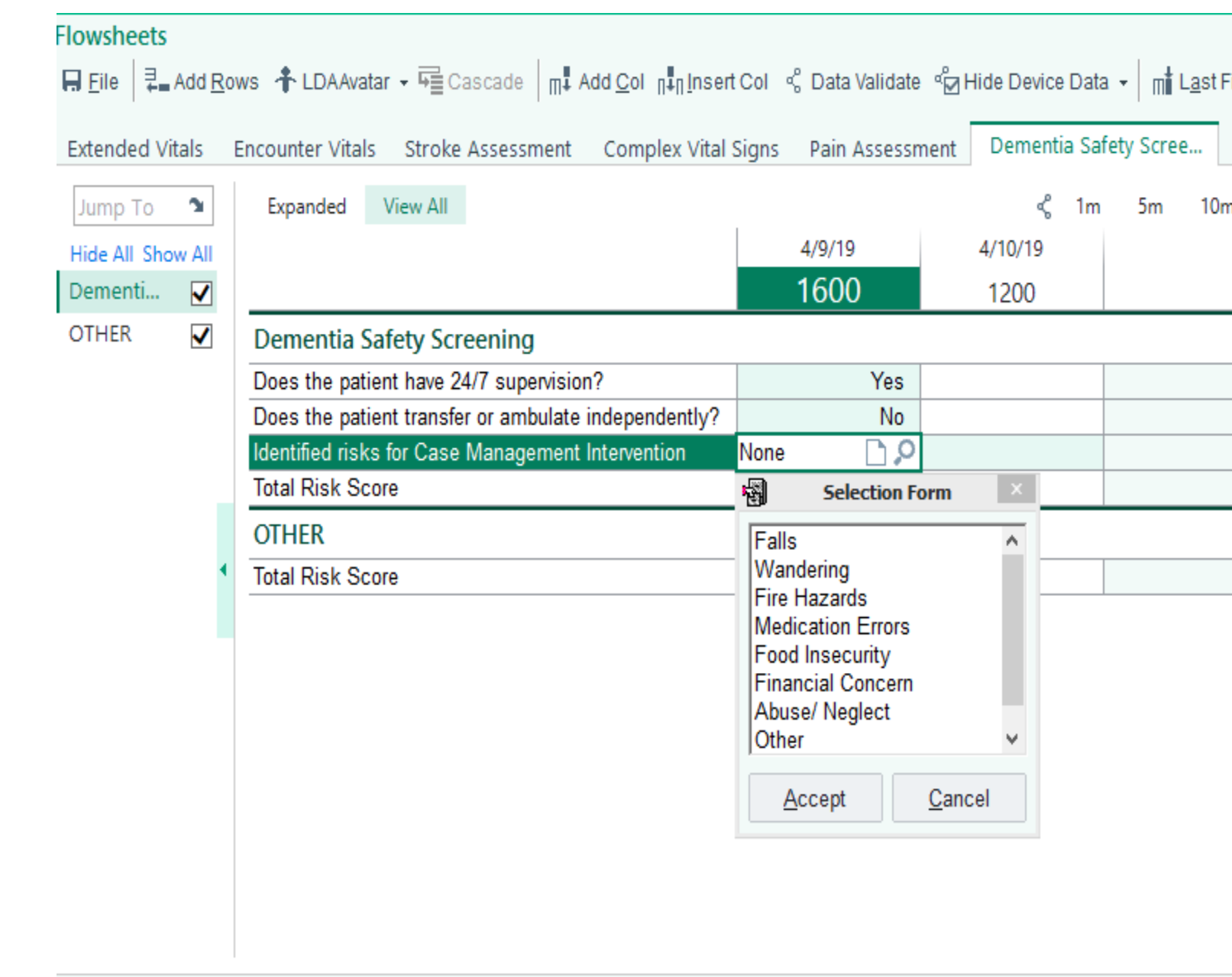
References

1. Lepore M, Ferrell A, Wiener J. (2017). *Living Arrangement of People with Alzheimer's Disease and Related Dementias: Implications for Services and Support*. (Issue Brief). <https://aspe.hhs.gov/system/files/pdf/257966/LivingArran.pdf>
 2. The Quality Payment Program. (2019). *Quality ID #286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia*. U.S Centers for Medicare & Medicaid Services. Retrieved from https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQ M-Measures/2019_Measure_286_MIPSCQM.pdf

Provider's EMR Documentation



When a dementia related diagnosis is added to patient's active problem list in EMR, an alert will populate to remind provider to complete DSST.



Provider's view of DSST in EMR. Any positive answer triggers the start of flowchart below.

Interventions

- Two clinicians developed questions for the screening tool.
- Questions were integrated into the charting system to ensure data is recorded in a reportable manner.
- Dementia Safety Screening Tool (DSST) documents if a patient has 24-hour supervision; transfers independently; and has any of eight other risk factors (falls, wandering, fire hazards, medication errors, food insecurity, financial concerns, abuse/neglect).
- A work flow was developed for the practice's registered nurse case managers (RNCM) and licensed clinical social workers (LCSW) to intervene for these at-risk patients.
- The workflow guides if intervention will be over the phone or in person at patient's home.

Outcomes

- Clinicians screened 85% of established patients with dementia in four months.
- One identified risk factor triggers inter-professional coordination with standardized interventions via phone or house call based on the risks identified.
- This workflow change began RNCM/LCSW going to homes for visits as well as clinicians.

Applicability To Practice

- The DSST is quick and easy to use, which increased buy-in from clinicians. Increasingly, clinicians are tasked to *check a box* in the patients' electronic health records, but doing so does not always improve patient care.
- The DSST is the first step of a standardized process in which high-risk patients receive inter-professional coordination, improving the quality of care for our home bound patients.

Registered Nurse Case Manager and Licensed Clinical Social Worker Flowchart

