Results and lessons learned from the Hospice Advanced Dementia Symptom Management and Quality of Life (HAS-QOL) embedded pragmatic clinical trial

Ab Brody, PhD, RN, FAAN
Mathy Mezey Professor of Nursing, Professor of Medicine
Associate Director, Hartford Institute for Geriatric Nursing
New York University
Housekeeping

• All participants will be muted

• Enter **all questions** in the Zoom **Q&A/chat box** and **send to Everyone**

• Moderator will review questions from chat box and ask them at the end

• Want to continue the discussion? Associated podcast released about 2 weeks after Grand Rounds

• Visit [impactcollaboratory.org](https://impactcollaboratory.org)

• Follow us on Twitter & LinkedIn:

  - @IMPACTcollab1
  - [https://www.linkedin.com/company/65346172](https://www.linkedin.com/company/65346172)
Learning Objectives

Upon completion of this presentation, you should be able to:

- Understand the current gaps and challenges in providing effective care to PLWD and their CP in hospice
- Describe the process of preparing for a full-scale ePCT
- Summarize challenges and effective solutions, including human support and technology-based strategies, to sustain interdisciplinary dementia care workforce training in hospice settings amid COVID-19 in a 25-site ePCT.
DISCLOSURES

There is **NO** conflict of interest or relevant financial relationships to disclose that exist now or in the past 12 months.
Funding Statement

• Research reported in this publication was supported by the National Institute On Aging of the National Institutes of Health under Award Numbers R33AG061904.

• The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.
Acknowledgement

• It takes a team! Build a strong one
• Co Investigators: Drs. Melissa Aldridge, Tara Cortes, Keith Goldfield, Jean Kutner, Susan Mitchell, Joe Shega, Bei Wu, Carolyn Zhu
• Implementation Specialists: Kim Convery, MSW and Drs. Tessa Jones, Donna McCabe, Tina Sadarangani,
• Project Director: Dr. Shih-Yin Lin
• Operations Lead: Aditi Durga
• Data Manager: Ariel Ford
• Statistical Manager: Yifan Xu
• Caregiver Rep: Liz Weingast
• Participating Hospices and Organizational Leadership from NPHI
• Today in the U.S. ~46% of hospice patients are living and dying with dementia as either a primary or secondary diagnosis.

• The population of Americans age 65 and older is projected to grow from 58 million in 2021 to 88 million by 2050. An estimated 6.7 million Americans age 65 and older are living with Alzheimer’s dementia in 2023.

• Persons living with dementia and their care partners have unique needs very different from cancer and other serious illnesses. It is critical to address potential barriers to palliative care.

• Very few practices have been evaluated in the hospice setting to support persons living with dementia and their care partners.
Few studies have attempted to implement interventions in hospice. Unique opportunities and challenges to implementation exist.

- SILENCE Trial
- ACCESS Trial
Mission
Moment

This Photo by Unknown Author is licensed under CC BY-ND.
Our Goal

We developed Aliviado Dementia Care to help interdisciplinary care teams provide comprehensive, compassionate, evidence-based symptom management and support for Persons living with dementia and their care partners.
Our Solution

• Aims to be a comprehensive program using compassionate, evidence-based approaches for IDT members in hospice to use while managing symptoms in PLWD

• QAPI program to change hospice cultures and advance their expertise in the complexities of care
Aliviado Dementia Care Program Overview

This study seeks to test Aliviado Dementia Care-Hospice Edition in a 25-site randomized stepped wedge embedded pragmatic clinical trial. QAPI Program consist of the following components:

- Champion Roles, Specialized Training, and Mentorship
- Interprofessional Training

**Resource Tool Box:**
- Assessments, Treatment Algorithm, Care Plans,
- Caregiver Education materials & Aliviado mHealth APP
Aliviado Toolbox

- 7 Assessment Validated Instruments
- 8 Interdisciplinary Care Plans
- 2 Treatment Algorithms for BPSD and terminal delirium
- 21 Caregiver Education Material available in English and Spanish
- 8 Treatment Algorithms
- The Aliviado App (HIPPA Compliant)
Aliviado Implementation System

- Users nested within organizations and their usage statistics
- Mhealth App data (patient data and user behaviors)
- Online training progress
- Clinician turnover
- Marketing engagement; tailored, behavioral economics driven mobile push notifications and email interactions
- Quarterly and annual surveys of implementation perception
- Notes on individual organization challenges and facilitators
Agile Co-Design Process

- Aliviado Dementia Care Hospice Edition
- Pilot Site Test 2
- Aliviado Mobile App Development
- Intervention Update
- Pilot Site Test 1
Study Overview

Target Population
• PLWD receiving hospice
• Primary focus in home hospice with primary dx of AD/ADRD
• Secondary focus in other settings (nursing home, assisted living) and secondary dx of AD/ADRD

Study design
• 25-hospice randomized stepped wedge
Study Overview

**Clinical Endpoints**
- Antipsychotic use (primary outcome)
- Analgesic use
- Site of death
- Transfers at end of life
- Live discharge
- Permanent institutionalization
- Level of care (continuous care, general inpatient care, respite)
- Bereaved caregiver satisfaction
Designing with Equity in Mind

- Intervention includes training in cultural differences and role of culture in AD/ADRD and caregiving
- Hospices selected to include diverse participants, regional and for-profit variation
- Sub-analysis in racial and ethnic minoritized individuals pre-specified
- Examination of within racial and ethnic group differences,
- Sub analysis of rural differences, ADI, will be performed
Implementation/Fideliyy Measurement

- Online and Champion training completion
- Change in staff knowledge/confidence/attitudes, & intention to change practice
- Clinician turnover, well being and quality of life
- Marketing engagement; mobile push notifications and email interactions
- All Mhealth App events
- Quarterly and annual surveys
- Completion of toolbox instruments; assessment and care plan
Implementation Locations
Overall Implementation

Covid-19 Pause
No Data

<table>
<thead>
<tr>
<th>Year</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2022</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NIA IMPACT COLLABORATORY
TRANSFORMING DEMENTIA CARE

ALIVIADO
DEMENTIA CARE

Building Experts: Providing Expert Care

Building Expert Teams: Providing Expert Care
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Enrolled:</strong></td>
<td>30506 (100)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11161 (36.6)</td>
</tr>
<tr>
<td>Female</td>
<td>19345 (63.4)</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>6678 (21.9)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>54 (0.2)</td>
</tr>
<tr>
<td>Asian</td>
<td>254 (0.8)</td>
</tr>
<tr>
<td>Black or African American</td>
<td>2693 (8.8)</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>27 (0.1)</td>
</tr>
<tr>
<td>White</td>
<td>20278 (66.5)</td>
</tr>
<tr>
<td>Other</td>
<td>419 (1.4)</td>
</tr>
<tr>
<td>Unknown</td>
<td>53 (0.2)</td>
</tr>
<tr>
<td>Missing</td>
<td>50 (0.2)</td>
</tr>
<tr>
<td><strong>Living Location</strong></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>26916 (88.2)</td>
</tr>
<tr>
<td>Rural</td>
<td>1339 (4.4)</td>
</tr>
<tr>
<td>Missing</td>
<td>2251 (7.4)</td>
</tr>
<tr>
<td><strong>Dementia Diagnosis</strong></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>8881 (29.1)</td>
</tr>
<tr>
<td>Secondary</td>
<td>21622 (70.9)</td>
</tr>
<tr>
<td>Missing</td>
<td>3 (0.0)</td>
</tr>
<tr>
<td><strong>Insurance</strong></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>29006 (95.1)</td>
</tr>
<tr>
<td>Medicare</td>
<td>312 (1.0)</td>
</tr>
<tr>
<td>Private</td>
<td>229 (0.8)</td>
</tr>
<tr>
<td>Self or No Insurance</td>
<td>270 (0.9)</td>
</tr>
<tr>
<td>Government</td>
<td>126 (0.4)</td>
</tr>
<tr>
<td>Other</td>
<td>562 (1.8)</td>
</tr>
<tr>
<td>Missing</td>
<td>1 (0.0)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>86.4 (8.4)</td>
</tr>
<tr>
<td>Median (Range)</td>
<td>87.0 (50-113)</td>
</tr>
</tbody>
</table>

*awaiting data from final site
## Antipsychotic and GIP Rates

<table>
<thead>
<tr>
<th>Preferred Term</th>
<th>Total # of patients*</th>
<th># patients with at least 1 event</th>
<th>% patients with at least 1 event</th>
<th>Total # of events</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Inpatient Hospice Care Use</td>
<td>29,201</td>
<td>8,462</td>
<td>29.0</td>
<td>11,640</td>
</tr>
<tr>
<td>Increase in Antipsychotic Use (Not in the last 7 days of life)</td>
<td>29,201</td>
<td>10,195</td>
<td>34.9</td>
<td>11,967</td>
</tr>
</tbody>
</table>

*Currently missing partial information on service data (n = 1305).
## Expected SAE

<table>
<thead>
<tr>
<th>Preferred Term</th>
<th>Total # of patients*</th>
<th># patients with at least 1 event</th>
<th>% patients with at least 1 event</th>
<th>Total # of events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death</td>
<td>29,201</td>
<td>18,866</td>
<td>64.6</td>
<td>18,866</td>
</tr>
<tr>
<td>Elective Revocation by Family</td>
<td>29,201</td>
<td>1,739</td>
<td>6.0</td>
<td>3,353</td>
</tr>
<tr>
<td>Transfer/Service Move</td>
<td>29,201</td>
<td>1,372</td>
<td>4.7</td>
<td>2,582</td>
</tr>
<tr>
<td>Discharged due to cause (patient behavior)</td>
<td>29,201</td>
<td>9</td>
<td>0.0</td>
<td>13</td>
</tr>
<tr>
<td>Loss of eligibility disqualification</td>
<td>29,201</td>
<td>1,374</td>
<td>4.7</td>
<td>3,995</td>
</tr>
</tbody>
</table>

*Currently missing partial information on service data (n = 1305).
Training Enrollment

- We successfully trained **336** (100%) Champions

- **2132** skilled hospice IDT members (not counting champions) has access to discipline-specific Aliviado dementia care training

**Breakdown:**
- 156 providers
- 1597 nurses
- 252 social workers
- 127 chaplains
Champion Training - Results

- 25 Hospices randomized in Aliviado Dementia Care Program:
  - 3 Enrolled but did not start
  - 3 Dropped part way through implementation
  - All dropped due to staffing crisis r/t COVID-19

- 10/25 Sites (40%) Completed Champion Training on Time

- 9/25 Sites (36%) Completed Champion Training Late
  - Time constraint to schedule training for some agencies
  - Created and Offered Accelerated Champion Training (ACT) as a solution (5 CE online + 2 CE live virtual training).
  - 3 Agencies used ACT Option

Pre-Covid Pilot Rate: 100% at 2 pilot sites
Champion Training Outcomes

• We successfully trained 336 Champions

• 144 champions (42.8%; 97 nurses, 27 social workers, 16 chaplains, and 5 providers) completed pre- and post-training dementia knowledge surveys.

• 94% of the champions agreed all learning objectives were met.

• There was a 21% Turnover rate within the Champion Community.

• Difficult to replace champions after champion training was completed.
Online IDT Training Results

- Chaplain: 76% completion
- SW (Social Worker): 64% completion
- LPN (Licensed Practical Nurse): 48% completion
- HHA (Home Health Aide): 54% completion
- Providers: 46% completion
- RN (Registered Nurse): 45% completion
- Other: 25% completion

Pre-Covid Pilot Rate: 92% at 2 pilot sites

Significant improvements in knowledge, confidence, attitudes, intent to implement in practice across all groups
Case Studies
# Implementation Expectation

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>APP</th>
<th>CHAMPION TRAINING</th>
<th>ONLINE TRAINING</th>
<th>TOOLBOX INTEGRATION</th>
<th>CLINICAL WORKFLOW</th>
<th>CLINICAL IMPLEMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>2</td>
<td>✗</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✗</td>
</tr>
<tr>
<td>3</td>
<td>✗</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td>✗</td>
<td>✗</td>
</tr>
</tbody>
</table>
## Implementation Comparison

<table>
<thead>
<tr>
<th>Hospice</th>
<th>EHR System</th>
<th>Implementation Completion</th>
<th>Notes</th>
<th>Training Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Netsmart</td>
<td>Champion Training</td>
<td>MCSI- Chaplain NPI-Q- SW Aliviado Caregiver Article booklet and bulletin board Onboarding and clinical workflow education created</td>
<td>88%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IDT Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MCSI, NPI-Q</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>All Care plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Wellsky</td>
<td>Champion Training</td>
<td>NPI-Q - RN CAM- RN MCSI- SW PIECES in Intranet Onboarding and clinical workflow education created</td>
<td>73%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IDT Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Paper chart</td>
<td>Champion Training</td>
<td>No Toolbox intergration</td>
<td>Site 1- 91%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IDT Training, THINK Pages</td>
<td></td>
<td>Site 2- 56%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Site 3- 37%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Site 4- 75%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Site 5- Alternative Training Site 6- Alternative Training</td>
</tr>
</tbody>
</table>
Agency 1: Process and Tailoring

• Designated an Aliviado Dementia Care Planning Committee

• Planning Committee met with their assigned Aliviado Implementation Team to:
  o Test Aliviado App
  o Select Champion Team and Training Dates
  o Review Aliviado Toolbox Material
  o Discuss Integration Recommendations
  o Set Date for Implementation Planning Call

• Trained all employees in addition to IDT members

• Implemented clinical workflow training for:
  o MCSI- Chaplain
  o NPI-Q- SW
  o To avoid RN burnout, SW were charged with communicating with nurses about pharmacological needs.
  o All Aliviado Care Plans
  o Created Aliviado Caregiver Article booklets and bulletin board
  o Onboarding and clinical workflow education created using PowerPoint for onboarding training
## Agency 1 Timeline

<table>
<thead>
<tr>
<th>Component</th>
<th>Goal Rollout</th>
<th>Agency Rollout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation Planning</td>
<td>2 Weeks</td>
<td>1 Month</td>
</tr>
<tr>
<td>Champion Training</td>
<td>2- 5 Days</td>
<td>3 Days over 1 Month</td>
</tr>
<tr>
<td>Online Training (80% Completion)</td>
<td>1 Month</td>
<td>2 Months</td>
</tr>
<tr>
<td>Integration</td>
<td>1 Month</td>
<td>6 Month</td>
</tr>
<tr>
<td>Rollout</td>
<td>3 Months</td>
<td>8 Months</td>
</tr>
</tbody>
</table>

### Completion Rate Details

<table>
<thead>
<tr>
<th>Completion Rate</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>60%</td>
<td>3rd August 2021</td>
</tr>
<tr>
<td>76%</td>
<td>19th-25th August 2021</td>
</tr>
<tr>
<td>78%</td>
<td>9th September 2021</td>
</tr>
<tr>
<td>82%</td>
<td>15th September 2021</td>
</tr>
<tr>
<td>83%</td>
<td>20th-28th September 2021</td>
</tr>
<tr>
<td>91%</td>
<td>20th-28th October 2021</td>
</tr>
</tbody>
</table>
Agency 1: Results

- After 10 months, 0.3% away from meeting their goal for reduction in antipsychotics medication.
- Increased music therapy referrals over 10% of set goal and use of respite by 0.6%.

<table>
<thead>
<tr>
<th>Aliviado Project- For Dementia Patients:</th>
<th>2021 ('before')</th>
<th>Current YTD</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reduction in use of anti-psychotic meds** by 10%</td>
<td>63.9%</td>
<td>57.9%</td>
<td>57.6%</td>
</tr>
<tr>
<td>2. Increase Music Therapy referrals by 10%</td>
<td>9.6%</td>
<td>22.8%</td>
<td>10.6%</td>
</tr>
<tr>
<td>3. 75% die in the place they call home</td>
<td>73.7%</td>
<td>71.0%</td>
<td>75%</td>
</tr>
<tr>
<td>4. Increase use of respite care at KBR by 10%</td>
<td>5.1%</td>
<td>6.2%</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

Start Date: Jan 1, 2022  
By When Date: July 1, 2022
Agency 1: Lessons Learned

1. Integration Planning Calls are helpful to brainstorm, use as work sessions or pilot as a team.
2. Champions built confidence.
3. Seamless Leadership Transition.
4. Gave Aliviado Team more knowledge to advise other agencies on implementation recommendations.
5. Impressive performance that was measurable with PDSA goal Cycle.
6. Included Aliviado Team in Clinical Workflow Development.
7. Requested a general communication training for non IDT members.
Agency 2: Process and Tailoring

- Designated an Aliviado Dementia Care Planning Committee

- Planning Committee met with their assigned Aliviado Implementation Team to:
  - Choose not to use Aliviado App to avoid staff confusion and double work. This agency decided to only use the web based Aliviado Training.
  - Select Champion Team and Training Dates
  - Review Aliviado Toolbox Material
  - Discuss Integration Recommendations
  - Set Date for Implementation Planning Call

- Trained all employees in addition to IDT members

- Implemented clinical workflow training for:
  - NPI-Q and CAM for RNs
  - MCSI for SW
  - Caregiver Educational Materials in English and Spanish uploaded to website
  - PIECES Algorithms discussion at IDT meetings for Aliviado Patients
  - Customized Aliviado Dementia Care Program Cheat Sheet
  - Introductory Power Point for Clinical Managers Onboarding
  - Clinical workflow tutorial videos for onboarding training and reference places on Intranet
Agency 2 Timeline

- **JUNE 2021**: Agency Randomized
- **MAY 2022**: Aliviado Workflow Development
- **AUGUST 2022**: Study Ended

- **APRIL 2022**: Champion Training (4 Day)
- **JUNE 2022**: Online Training
Agency 2: Results

- Rolled out training one team at a time.
- Teams experience a lot of technical issues and confusion regarding locating training and app download.
- Team one had a 91% and Team 2 had a 61% completion rate at the end of training period.
- Training Period completed after 6 weeks
Agency 2: Lessons Learned

1. Covid-19 stalled Start up

2. Strong team collaboration internally supported the quickest toolbox integration process.

3. Although this agency started **10 months late**, implementation rollout and toolbox integration was the quickest.

4. Aliviado Team was able to strongly support implementation process using best practices used by other active agencies
Agency 3: Process and Tailoring

- Agency connected Aliviado Team with General Managers for 6 sites to host initial call.
- Implementation call with selected champions.
- 4 sites met with their assigned Aliviado Implementation Team to plan 2-day Champion Training at least 1 month prior to randomization month
- Developed THINK pages as alternative training method
Agency 3: Tailoring Alternative Training
Agency 3: Results

- 3/5 sites completed the Champion Training on time
- Site 3 and Site 5 broke up champions into 2 groups
- Site 4 only enrolled 1 team into online training
- Site 5 completed did not start online training
- Unable to start Site 6 due to lack of response.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Champion Training Start Date</th>
<th>Champion Training End Date</th>
<th>Days to Complete</th>
<th>Training Completion</th>
<th>Go Live</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site 1</td>
<td>2/24/2020</td>
<td>2/25/2020</td>
<td>2</td>
<td>91%</td>
<td>3/10/2020</td>
</tr>
<tr>
<td>Site 2</td>
<td>1/2/2021</td>
<td>2/24/2021</td>
<td>24</td>
<td>56%</td>
<td>3/22/2021</td>
</tr>
<tr>
<td>Site 4</td>
<td>03/02/2021</td>
<td>3/4/2021</td>
<td>4</td>
<td>75%</td>
<td>4/21/2021</td>
</tr>
<tr>
<td>Site 3</td>
<td>4/16/2021</td>
<td>4/30/2021</td>
<td>30</td>
<td>37%</td>
<td>5/17/2021</td>
</tr>
<tr>
<td>Site 5</td>
<td>4/9/2021</td>
<td>7/16/2021</td>
<td>106</td>
<td>0%</td>
<td>NOT STARTED 5/10/2021</td>
</tr>
<tr>
<td>Site 6</td>
<td>TBA</td>
<td>TBA</td>
<td>NOT STARTED</td>
<td>NOT STARTED</td>
<td></td>
</tr>
</tbody>
</table>
# Agency 3: Challenges

<table>
<thead>
<tr>
<th>Site</th>
<th>Initial</th>
<th>Left Agency from initial List</th>
<th>New Additions</th>
<th>Left Agency after initial List</th>
<th>Final List</th>
<th>Average</th>
<th>Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency 1</td>
<td>276</td>
<td>62</td>
<td>196</td>
<td>38</td>
<td>372</td>
<td>324</td>
<td>31%</td>
</tr>
<tr>
<td>Agency 2 (6 Sites)</td>
<td>621</td>
<td>194</td>
<td>105</td>
<td>11</td>
<td>521</td>
<td>571</td>
<td>36%</td>
</tr>
</tbody>
</table>

## Agency 2- Turnover Breakdown

<table>
<thead>
<tr>
<th>Site</th>
<th>Initial</th>
<th>Left Agency from initial List</th>
<th>New Additions</th>
<th>Left Agency after initial List</th>
<th>Final List</th>
<th>Average</th>
<th>Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site 1</td>
<td>315</td>
<td>42</td>
<td>100</td>
<td>10</td>
<td>363</td>
<td>339</td>
<td>15%</td>
</tr>
<tr>
<td>Site 2</td>
<td>155</td>
<td>133</td>
<td>1</td>
<td>1</td>
<td>22</td>
<td>88.5</td>
<td>151%</td>
</tr>
<tr>
<td>Site 3</td>
<td>133</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>115</td>
<td>124</td>
<td>15%</td>
</tr>
<tr>
<td>Site 4</td>
<td>18</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>9</td>
<td>9</td>
<td>11%</td>
</tr>
<tr>
<td>Site 5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Site 6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Agency 3: Lessons Learned

1. Covid-19 stalled Start up

2. Strong team collaboration internally supported the quickest toolbox integration process.

3. Although this agency started **10 months late**, implementation rollout and toolbox integration was the quickest.

4. Aliviado Team was able to strongly support implementation process using best practices used by other active agencies

---

**CHALLENGES VERSUS SUCCESSFUL**

- **Staff Turnover**
  - Agency Paused due to Covid-19 Challenges
  - Paper Charting Systems demanded extra tech support
  - Limited Access to work devices
  - Rural Areas limited service to use app and access training
  - Restructuring of Teams
  - Limited Champion calls

- **Champion Advocacy for their IDT Teams**
  - Commitment to Aliviado Program led to development of THINK Pages as training alternative
  - Managers for the 2 sites that did not formally start completed THINK Page training
  - Managers used PIECES in IDT meetings
  - THINK Pages model used for other sites facing similar challenges.
Most hospices have non-interoperable EHRs, and highly variable support for:

- Modifying EHRs (adding new tools, care plans, etc.)
- Extracting data for pragmatic outcomes

Less is more

Technical assistance is key

Agency and PLWD/CP input early in intervention development is key

Multi-level implementation with a key executive driver

Implementation with hospice in mind

Modified Caregiver Strain Index (MCSI) Score

20

Throughout this questionnaire you have made selections pertaining to this caregiver's source of stress, possible interventions, and goals and outcomes. Your care plan is compiled below.

Interventions

- Counseling/Bereavement
- Respite care

Goals and outcomes

- Caregiver will have reduced distress scores for symptoms that have been identified as being severe to extremely severe on the NPI-Q at baseline.
- Caregiver will report better communication with family and providers.
Research Implications

• Agile tailoring by discipline, hospice, and location were crucial for successful implementation of IDT dementia care training during COVID-19

• Consider each hospice agency’s capabilities and needs prior to and during IDT training implementation to quickly adapt when challenges arise

• Identify additional strategies to best tailor IDT training across larger hospice agencies with varying capabilities and more complex staffing needs to improve the quality of dementia care.

• Work carefully with your DSMB to craft rules for labeling what is considered a SAE, what needs to be monitored and how
Questions?

IMPACTcollaboratory.org  @IMPACTcollab1