

# Intermountain Project ECHO Dementia Care



## *Concepts of Team-based Care*

**Natalie Caldwell, SLP**  
Speech Pathologist  
Intermountain Healthcare

**Janice Nelson, RN**  
Clinical Nurse Liaison  
Intermountain Healthcare

**Stephen Peters, PsyD**  
Neuropsychologist  
Intermountain Healthcare

# Disclosures

The speakers have no significant financial conflicts of interest to disclose.

# Session Objectives

By the end of this session, participants will be able to:

1. Describe the scope of service and illustrate process for ordering home health services
2. Interpret indications and services provided by speech therapy
3. Interpret indications and services provided by neuropsychology
4. Instruct patient caregivers in organizing support teams for patient care





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***Speech Therapy Services***  
***(aka Speech and Language Pathology or SLP)***

***How can they help?***

***Natalie Caldwell, SLP***  
*Speech Pathologist*  
*Intermountain Healthcare*

# WHEN TO REFER TO SLP?

- The sooner, the better
  - It is appropriate and beneficial at any point to refer to SLP when there are memory or language concerns
- Early on, we can help educate patient and family on the memory process and implement strategies and do some cognitive training:
  - Planner
  - Calendar
  - Checklists, daily schedule
  - Attention Training
  - Word retrieval/language exercises
  - Name recall strategies

# LATER ON.....

- In later stages, it is still beneficial for caregiver education/training, some cognitive stimulation and language training and other strategies
  - Memory book (not a planner to remind them what to do; rather a book of memories from their lives)
    - Improvements in mood and quality of life-these are certainly significant!
  - Communication strategies for family
  - Setting up daily schedule, routine
  - Visual aids or reminders that may be beneficial (individualized approach-what works for one patient may be very unsuccessful for another)

# CONSIDERATIONS:

- Early on (MCI or Mild Dementia)
  - Patient and family may likely benefit from outpatient services
- Later stages (Moderate and Severe)
  - Home Health may be more appropriate
    - See the patient in their actual home setting, how are they functioning in “real life”
    - Easier to provide education to families and caregivers in that environment
    - Less disruptive to patient’s life and routine

# DYSPHAGIA AND DEMENTIA

- Keep it in mind, family members may not think to mention it
- Risk of aspiration and complications increase with severity of dementia
- Swallow evaluation to determine strategies, maneuvers, or diet modification as needed



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## *Homecare for Cognitively Impaired Patients*

**Janice Nelson, RN**  
*Clinical Nurse Liaison*  
*Intermountain Healthcare*

- **Homecare services** can be ordered for patients with new or existing cognitive issues as long as they meet homebound status criteria. This means they cannot go to work, or out frequently. They can be with their caregiver on errands, etc. They also can attend church, adult daycare and clinic appointments. We assess homebound status on each visit.
- **Homecare for Cognitive issues** should be managed by Speech Therapy as the case manager. The SP therapist can provide MoCA testing, communication skills assessment, swallowing, motor speech and med reconciliation. If patient is a fall risk or has safety issues at home, PT and OT should be ordered.

- **Social Work** can be ordered for family support and community resources.
- **Nursing** only needs to be ordered if there is a skilled nursing need.
- **HOSPICE:** The hospice criteria for Dementia is end stage FAST Scale 7c. Cannot walk, talk or eat without assistance. However, they may have other co-morbidities that qualify them. A hospice evaluation can be ordered for any patient. If they are not appropriate for Hospice, the team will assess them for homecare services and call the ordering MD office for new orders.

# BULLET POINTS

- Homecare can be a short term intervention to create a plan for the family to manage their loved one at home.
- Multiple disciplines should be ordered for optimal care.
- Homecare services can be re-ordered as patient declines over time.
- Hospice evaluations can be ordered for end-stage Dementia.

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