

## State Plan Revision Input—LeeAnn Mandarin

### Recommendation 8: Care Pathways

NV Hospital Care Path Consortium had its initial teleconference on Friday March 25, 2016 from 1-2 PM.

I sent out additional information on April 22 laying out the goals of the group:

I put together a compilation of articles, websites, and a questionnaire to get us started on the Dementia Care Path for Hospitals project. The articles are meant to provide a broader understanding of the intensive needs of the dementia patient population, the websites are to give you an idea of what is already established in the healthcare community, and the questionnaire is a way to engage your fellow hospital colleagues in this mission. We need as many stakeholders within the hospital community to participate as possible. You can scan the responses of the questionnaire back to me and we will use them to create workgroups in a face-to-face meeting at the Cleveland Clinic Lou Ruvo Center for Brain Health.

As a reminder of our purpose, the State of Nevada Legislative Task Force on Alzheimer's disease (TFAD) wants to engage hospitals to adopt specialized care pathways for treating patients with Alzheimer's and other forms of dementia. This will be a combined effort by hospitals, as well as experts from community organizations to develop and implement a best-practices care plan. The goal is to create a care plan for these patients that will expedite diagnoses, improve treatments, enhance well-being, and avoid prolonged hospitalization and readmissions.

- Care pathways are structured, multidisciplinary care plans used by health services to detail essential steps in the care of patients with a specific clinical problem.
- Care pathways aim to link evidence into practice and optimize clinical outcomes.
- Care pathways have been shown to reduce length-of-stays and in-hospital complications.
- Clinical pathways are document-based tools that provide a link between the best available evidence and clinical practice. They provide recommendations, processes and time-frames for the management of specific medical conditions or interventions.

#### Problem Statement:

Hospitalized people with dementia are not always receiving best quality of care (Wenger 2007; Martin-Khan 2009, Sampson 2006)

Episodes involving people with dementia had greater length-of-stays, increased odds of an unplanned admission within 30 days, and greater chance of having at least one in-hospital complication.

People with dementia were less likely to have an up-to-date medication list; People with dementia were less likely to be referred to palliative care and receive palliative medications.

Healthcare organizations who have undertaken this mission include:

- National Institute for Health and Care Excellence—United Kingdom:  
<http://pathways.nice.org.uk/pathways/dementia>
- The Royal Melbourne Hospital—Australia:  
[https://fightdementia.org.au/sites/default/files/11\\_Jo\\_Tropea\\_Dementia\\_pathway.pdf](https://fightdementia.org.au/sites/default/files/11_Jo_Tropea_Dementia_pathway.pdf)

I have not found a hospital care pathway for dementia in the United States. Nevada has the opportunity to be a leader in this regard. We thank you sincerely for your participation.

No future meetings have been scheduled.

#### Recommendation 7: Nevada Consortium on Dementia Research

We have scheduled the next NCDR teleconference on Friday, June 17, 2016, 12:00 pm – 1:30 pm. (See attached notes from last NCDR)

Please review the current status of the NCDR meeting Action Items:

1. Results of the name change: Nevada Consortium on Dementia Research (NCDR).
2. Board Members: 1 identified, we need 4 more volunteers.
  - a. Please reply with your self-nominations to become a board member.
3. ADRC website for NCDR: in progress.
  - a. Please send me your bio sketch with research projects using the template provided. Preferred deadline: June 17th.