

## Specialized Assessments Help Identify Late-stage Dementia

By K.J. Williams, MD, Agrace Hospice/Palliative Physician

As a family practice resident in Milwaukee in 2000, I struggled when an elderly patient with advanced dementia would come in with pyelonephritis, needing IV antibiotics. The spouse would appear exhausted from constant caregiving and uncertain about continuing to manage the patient at home. The patient would be slowly losing the connections they had with their old life. Patient and spouse would both be grieving the life they had hoped to have. While I could prescribe antibiotics for the infection, there was little that the discharge planners and I could offer in terms of services to ease their worries, help with dressing and bathing or give the caregiver a few days of respite.



During my fellowship in palliative medicine, I continued to see great need for supporting patients and families struggling with any type of dementia, and I learned how hospice and palliative care could help. According to the Alzheimer's Association, five million people are now living with Alzheimer's disease, and one in three seniors who die have Alzheimer's or another type of dementia. The resources available do not yet meet the demand, but **there are two ways in which Agrace can help you provide additional support** to your patients with advanced dementia and their caregivers.

**Recognizing "end-stage" dementia and hospice-readiness:** To determine whether patients have reached an end stage of dementia and could be eligible for hospice, Agrace physicians review the trajectory of their disease and look for signs that paint the picture of someone whose prognosis is six months or less:

- Using the FAST scale, we focus on patients with a rating of 7a or greater. When other comorbidities are present, patients may be eligible at an earlier FAST stage.
- We look for infections that may not be responding to usual treatment, pressure ulcers that aren't healing, chronic aspiration or recurrent, severe infections—all signs that the body is weakening.

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### Functional Assessment Staging Test (FAST)

1. No difficulties
  2. Subjective forgetfulness, work difficulties
  3. Decreased job functioning and organizational capacity
  4. Difficulty with complex tasks, such as handling finances, planning meals
  5. Requires supervision with ADLs, such as choosing proper clothing
  - 6a. Improperly putting on clothes without assistance or cueing
  - 6b. Unable to bathe properly
  - 6c. Inability to handle mechanisms of toileting
  - 6d. Urinary incontinence
  - 6e. Fecal incontinence
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- 7a. Ability to speak limited to six words
  - 7b. Ability to speak limited to a single word
  - 7c. Loss of ambulation (cannot walk without personal assistance)
  - 7d. Cannot sit up without assistance
  - 7e. Loss of ability to smile
  - 7f. Loss of ability to hold head up independently



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*Specialized Assessments Help Identify Late-Stage Dementia, continued*

- Sometimes there are other medical conditions which, along with the dementia, reveal that a person is rapidly declining. We consider the combined effects of multiple medical concerns.

For patients who meet hospice eligibility criteria, enrolling in hospice can provide access to comprehensive physical, emotional and spiritual care, including intermittent in-home nursing visits, CNA visits for additional help with personal care, caregiver education and support, and the possibility of respite care.

Medicare and other insurers ask that we review each hospice patient's condition at three months, six months and then every two months after that. Medicare requires that patients be visited by a physician or nurse practitioner for a **face-to-face evaluation of eligibility** after the third benefit period, to look for signs of decline or evidence that the patient's prognosis remains six months or less. You may receive a call from the person making this visit, looking for insight that will better paint the picture of why the patient meets the criteria for ongoing hospice eligibility.

**Specialized Assessments:** For your patients who are struggling with dementia but are not at the end-stage described above, Agrace can offer our **Palliative Care Consultation Service**. Since the service began a year ago, a high percentage of the referrals we've received are requests for us to assess the physical, emotional and safety needs of patients with dementia.

An Agrace palliative care nurse practitioner or physician visits the patient where they live, an ideal situation when a trip to a clinic would be difficult for the patient. After the initial meeting, additional visits are scheduled, if needed. This can be a time to talk with families—before there is a crisis—about the type of care they

are interested in. Each visit concludes with a call to the patient's referring physician, to discuss recommendations for the provider and patient/family to consider. Agrace does not take over the patient's care, and we do not make medication or other changes without the consent of the patient's physician. **We've found this service is an exceptional way to learn the complete picture of a patient's condition in their home environment**, which allows us to collaborate with their physician(s) to help improve their quality of life.

With our hospice care and Palliative Care Consultation Service, Agrace can help you offer additional support to your patients and families struggling with dementia of various types. We are happy to discuss with you any patient who you think may be eligible for either service. Please call us at **(800) 930-2770** to consult on patients living throughout southern Wisconsin.

*Dr. Williams joined Agrace in 2010 and is board-certified in Hospice and Palliative Medicine.*

## Denise Gloede Named VP of Clinical Services



Denise Gloede, RN, BSN, has been named Agrace's vice president of clinical services and oversees all clinical care delivery, including admissions, in-home care and Agrace's inpatient unit. Denise has 17 years of clinical experience, including serving in the positions of staff nurse, team leader, associate director and director of inpatient services at Agrace. She is pursuing a master's degree in nursing with an emphasis in leadership and health systems management.

## Learn How to Help Adolescents Cope with Loss

Please join Agrace for the Hospice Foundation of America 2014 Living with Grief® Teleconference, "Helping Adolescents Cope with Loss," on **Friday, May 2, from 8:30 a.m. to 10:30 a.m.** at Agrace, 5395 E. Cheryl Parkway, Madison. This free program explores the ways health care professionals can assist adolescents who are grieving. Three CE credits are available for \$25. Please register by **April 25**; call (608) 327-7207 or email amy.ketterer@agrace.org.