



Wisconsin Alzheimer's Institute

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

EMS Visitor Program Training

Friday, August 11, 2017

8:00am-10:00am

Presenters: Molly Schroeder and Jane Mahoney, MD
Wisconsin Alzheimer's Institute

Building a Future to Remember



PROJECT OVERVIEW

- **SUMMARY:** Utilize existing formal supportive services (EMS) to identify and support individuals with dementia living alone.
- **TARGET GROUP:**
 - Elderly who live in the Fitchburg/Verona community
 - Self-reported diagnosis of dementia or suspected dementia/cognitive impairment
 - Living without in-home services to support health and well-being
- **GOAL:** To enable people with dementia to live at home for as long as possible, by connecting them to community-based services.



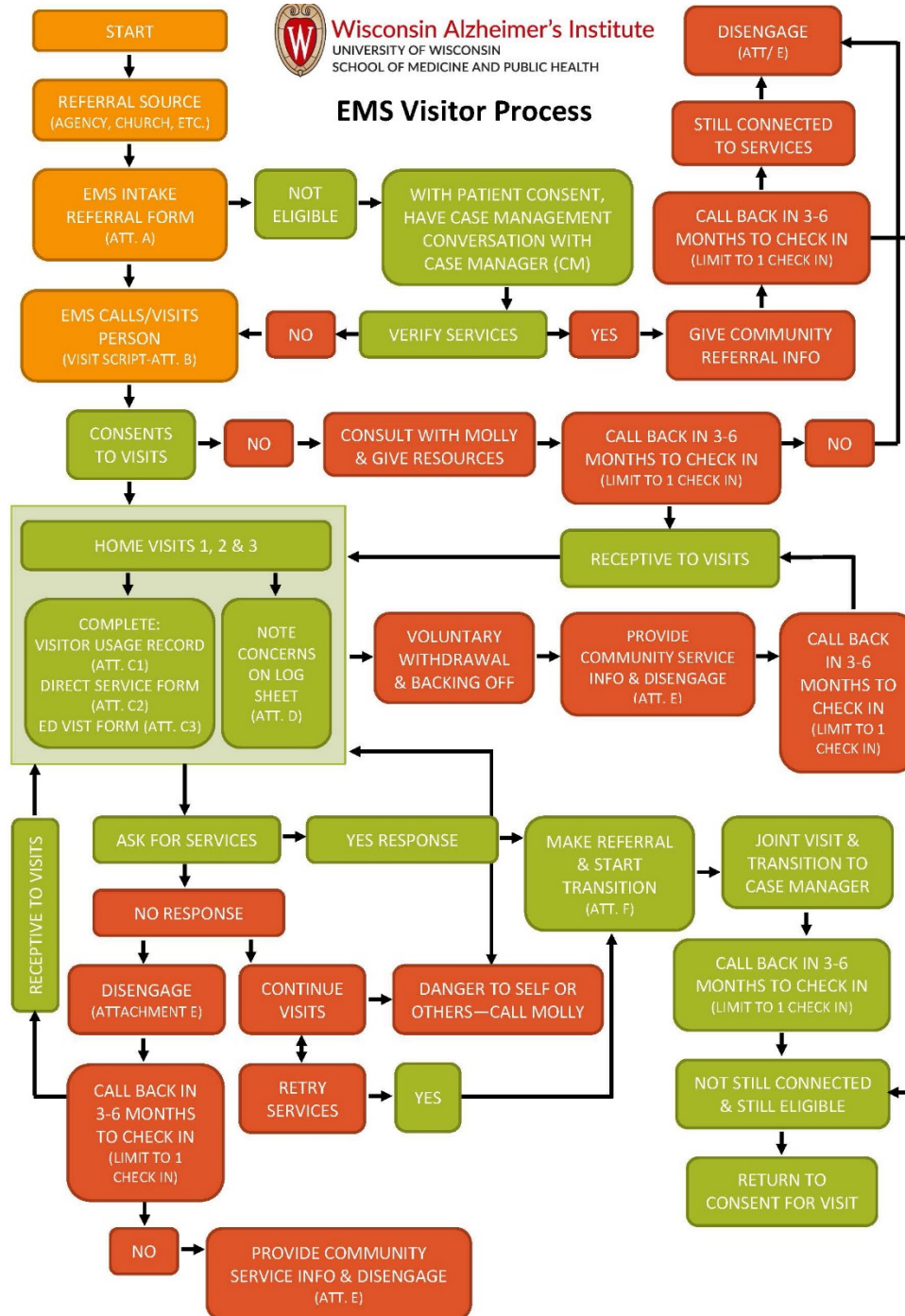
FLOWCHART

(aka, "Waterfall")





EMS Visitor Process



INTAKE

- Referrals
 - Current EMS Patients
 - Community Members
- Eligibility
 - Home “alone”, has dementia, without ongoing services
- Check with Senior Center if they are already involved
- Questions...call Molly



EXAMPLE #1

Eligible Client

- “Functionally” lives alone
- Has dementia or suspected cognitive impairment
- Limited or no services
- ** Check with case managers at local senior center to verify**



EMS VISITOR ASSIGNED: **FV001**
CASE# **PWD002**

ATTACHMENT A
EMS BASIC INTAKE
(*EMS can obtain the information at any time)

Fitch-Rona EMS Visitor Program		Date: 8/11/17
Name: Jane	Last Name: Doe	M.I.: J
Address: 123 Sesame Street State: New York City, NY Code: 10005		Urban: _____ Rural: X Geographic location missing: _____
Home Phone: 867-5309	Cell Phone: N/A	Email: N/A
Living Arrangement: Live Alone: X Spouse/Family _____ Friend(s) _____	Reason for Referral/Source: Reason: Frequent falls Source: Concerned neighbor Affiliation: _____ Contact phone #: 555-5555	Gender: Male: _____ Female: X
Person with Dementia by Ethnicity: White: _____ African American or Black: _____ Hispanic or Latino: X Asian or Pacific Islander: _____	Person with Dementia by Race (√ all that apply): White: _____ American Indian or Alaska Native: _____ Asian: _____ Black or African American: X Native Hawaiian or Other Pacific Islander: _____	Veteran Status: Veteran: X Non-Veteran: _____
Determining Eligibility for the Visitor Program (if any questions, call Molly at 608-262-6910):) If they functionally (may have someone living with them, but not engaged or supporting them) live alone and:) they have dementia) do visit) Find out if they have any services (eg, community case management, home chore help, personal care workers, caregiver supervision, home delivered meals). Circle any services they have.) If Yes →Give referral info and disengage) If functionally (may have someone living with them, but not engaged or supporting them) no → Start Doing Visits Eligible X Not Eligible _____		



EXAMPLE #2

NON-Eligible Client

- Does not live in Fitchburg/Verona Area
- No dementia
- Lives with others HELPING to take care of them
- Receiving regular, ongoing services



EMS VISITOR ASSIGNED: **FV002**
CASE# **PWD007**

ATTACHMENT A
EMS BASIC INTAKE
(*EMS can obtain the information at any time)

Fitch-Rona EMS Visitor Program		Date: 8/11/17
Name: John	Last Name: Doc	M.I.: J
Address: 123 Friendly Neighbor Street	Urban: _____	Rural: X
State: Middleton, WI	Geographic location missing: _____	
Zip Code: 53562	Home Phone: 867-5309	Cell Phone: N/A
		Email: N/A
Living Arrangement: _____	Reason for Referral/Source:	Gender:
Spouse/Family X	Reason: General concern about his confusion	Male: X
Friend(s) _____	Source: Betty from church	Female: _____
	Affiliation: _____	
	Contact phone #: 555-5555	
Person with Dementia by City: _____	Person with Dementia by Race (√ all that apply):	Veteran Status:
White: _____	White: _____	Veteran: _____
American Indian or Alaska Native: X	American Indian or Alaska Native: X	Non-Veteran: X
Asian: _____	Asian: _____	
Black or African American: X	Black or African American: X	
Hispanic or Latino: _____	Native Hawaiian or Other Pacific Islander: _____	
Determining Eligibility for the Visitor Program (if any questions, call Molly at 608-262-6910):		
) If they functionally (may have someone living with them, but not engaged or supporting them) live alone <u>and</u> ;		
) they have dementia		
) do visit		
) Find out if they have any services (eg, community case management , home chore help, personal care workers , caregiver supervision, home delivered meals). Circle any services they have.		
) If Yes-->Give referral info and disengage		
) If functionally (may have someone living with them, but not engaged or supporting them) no-> Start Doing Visits		
Eligible	Not Eligible	X



VISIT and DATA FORMS

- **VISITOR USAGE** (Attachment C1)
- **DIRECT SERVICE FORM** (Attachment C2)
- **ED VISIT FORM** (Attachment C3)
- **OBSERVATION LIST** (Attachment D)



VISITOR USAGE (Attachment C1)

- **PURPOSE:** Track dates of visits, time spent, if services were offered to the person and if they accepted.
- Verifies # of visits had and when referrals to case management are made.
- Acts as a reference point when discussing visits during consultation.



EMS VISITOR USAGE RECORD

(Attachment C1)

(One sheet per client; complete this form after each visitor meeting)

Client's Name: **Jane Doe**

Case #: **PWD003**

EMS Visitor's Name: **Jeff Dostalek**

Contact Date	Duration (Min/Hr)	Accepted/Declined Visit (A or D)	Were case management services offered? (yes or no)	Did they accept services (yes or no)	Was APS initiated (yes or no)
8/15/17	1.0	A	No	N/A	No
8/22	1.5	A	No	N/A	No
9/5/17	.5	D	Yes	No	Yes
9/12/17	1.0	A	Yes	No	No
9/19/17	1.25	A	Yes	Yes	No



DIRECT SERVICE TIME (Attachment C2)

- **REQUIRED** for purposes of study
 - Use best estimates of time if unknown
- **PURPOSE:** Tracking direct service time related to project to verify level of services being met for the grant



**DIRECT SERVICE FORM
(Attachment C2)**

**DEMENTIA CAPABLE WI GRANT
FITCHRONA EMS VISITOR PROGRAM**

EMS Name: Jeff Dostalek

Month/Year: August 2017

Date	EMS Consultation Time (time in consultation with social worker)	EMS Travel Time (Travel time to/from trainings and to visits with clients)	EMS Visiting Time (Amount of time visiting with client)	EMS Administrative (time spent filling out paperwork, looking up case records, etc)
		.50	0	0
		.50	0	0
		.50	0	0
8/15/17	.50		1.0	.25
8/22/17	.25		1.5	.25
9/5/17	1.0		.5	.25
9/12/17	.75		1.0	.25
9/19/17	.25		1.25	0
TOTAL				



EMERGENCY ROOM VISIT FORM (Attachment C3)

- Tracking unplanned emergency medical services
- Some medical trips may be in your system; others will be self reported. Check with Jeff to verify if they were transported by EMS.
 - If client transported via other means (ie, family took them), please add info in notes section.
- Goal: See reduction in use of emergency services



Hospital & Emergency Department (ED) Visit Verification for EMS Visitor Evaluation

For each Friendly Visitor visit for the individual below, please list the number of ED visits for the individual since the last visit. Please call Molly Schroeder at 608-262-6910 with questions. Forms can be faxed to 608-265-9122, ATTN: Molly Schroeder

PWD Number (Case Number on Att A)	Date of Initial Visit	Number of ED Visits in 12 months prior to Initial Visit	Date of FV Visit	Number of ED Visits since last visit
PWD003	8/11/2017	13	8/18/2017	0
Notes: PWD reports she went to the ER a couple of times since last visit; believes she was kept overnight for one visit but unsure. PWD reports both times she felt dizzy and didn't have her walker with her.			8/25/2017	0
			9/1/2017	2
			9/8/2017	0
			9/15/2017	0
			9/22/2017	0
			9/29/2017	1

Name of EMS Friendly Visitor Sending Form: Jeff Dostalek
 Friendly Visitor No (001, 002, 003, 004): FV004
 Dates of Visits: 8/18/17 through 9/29/17



OBSERVATION LIST (Attachment D)

- Not required, but strongly encouraged
- **Purpose**: To note your observations, concerns, and putting the pieces together after the visit.
 - List will help track topics to discuss during consultation
 - List will provide a clearer picture of what assistance the person may need in the home and help guide when to refer to case management.
 - List gives you opportunity to focus one-on-one with the person during the visits, and record information later.



ATTACHMENT D
OBSERVATION CHECKLIST/NOTES

PEOPLE WITH DEMENTIA LIVING ALONE ASSESSMENT

Concerns to refer to Case Manager	Concerns to report to Adult Protective Services for Crisis	Concerns to address with client's physician (<i>ask person if a call can be made to their MD</i>)
<p><input type="checkbox"/> Phone calls or conversations with concerned neighbors</p> <p><input type="checkbox"/> Vegetative/socially isolated behaviors</p> <p><input type="checkbox"/> Missing/hiding belongings</p> <p><input type="checkbox"/> Thoughts of paranoia, hallucinations, delusions that are not significant or pose a threat</p> <p><input type="checkbox"/> Poor grooming/hygiene, soiled appearance, wearing same clothes</p> <p><input checked="" type="checkbox"/> Not able to manage bowel/bladder care</p> <p><input type="checkbox"/> Repeated calls to family/friends</p> <p><input type="checkbox"/> Repeated calls to EMS w/o a cause</p> <p><input checked="" type="checkbox"/> Dirty/cluttered household</p> <p><input type="checkbox"/> Food stored inappropriately</p> <p><input type="checkbox"/> No food/rancid food in the home</p> <p><input type="checkbox"/> Lack of safety with stove, power tools, etc.</p> <p><input type="checkbox"/> Unable to take medications correctly</p> <p><input type="checkbox"/> Eviction notice served</p> <p><input type="checkbox"/> Taken advantage by family/friends/neighbors</p> <p><input checked="" type="checkbox"/> Unable to handle finances</p>	<p><input checked="" type="checkbox"/> Posing an immediate threat to self or others-call law enforcement</p> <p><input checked="" type="checkbox"/> Thermostats not set appropriately for weather conditions</p> <p><input type="checkbox"/> Extreme of out of control paranoia, hallucinations, delusions, aggression, thoughts of suicide</p> <p><input type="checkbox"/> Threatens violence with/without weapons</p> <p><input checked="" type="checkbox"/> Evidence of abuse/injuries</p> <p><input type="checkbox"/> Wandering</p> <p><input type="checkbox"/> Unsafe driving/refuses to stop driving</p> <p><input type="checkbox"/> Neighbors calling police</p> <p><input type="checkbox"/> Refuses personal care for prolonged periods of time</p>	<p><input type="checkbox"/> Observable weight loss; protruding bones</p> <p><input checked="" type="checkbox"/> Chronic anxiety, worry, depression</p> <p><input type="checkbox"/> Medication concerns</p> <p><input type="checkbox"/> Pain</p> <p><input type="checkbox"/> Gaping Wounds</p>



CONSULTATION

- **WHAT IS IT?** Opportunity to formally discuss the process with the social worker and brainstorm together on situations.
- **PURPOSE:** To support you, help answer questions, and proactively address situations and concerns. Provides opportunity to share feedback, discuss challenges and review how the overall process is going.
- **HOW OFTEN?** Weekly in beginning of the study and after your first visits; will taper off after that.
- **WHAT WILL BE ASKED?:** How is it going? What's working? What isn't? Reminders to collect data.



COMMUNITY REFERRAL AND DISENGAGEMENT (Attachment E)

“Backing Off” AND SCRIPT (Attachment E)

WHAT is disengagement?

“The action or process of withdrawing from involvement in a particular activity, situation, or group.”
For the EMS visitor, if the program will not be conducted with the individual or there is an identified need to stop the program, it is time to disengage.

WHO would you disengage with?

For the purposes of the EMS Visitor Program, this step will be necessary for:

- Persons adamant about not wanting EMS visitor or case management services
- Persons who do not qualify for the Visitor Program

WHEN should the EMS visitor disengage?

The simple answer, is as soon as possible. This is important to avoid confusion with the individual about the EMS visitor role and in some situations where there is a safety concern, the individual would best be served by Adult Protective Services. Additionally, it preserves the valuable time and availability of the EMS visitor to work with other eligible and willing persons.

HOW should the EMS visitor disengage?

First, recognize the disengagement step is not always easy or comfortable. That is normal. However, it can be done in a manner that feels respectful to the person you are disengaging from. Consult with other EMS visitors or with Molly if there are questions or concerns on how to do this.

Examples of how to back off: “Mr. Smith, I really enjoyed talking with you today and I hear you saying you do not want help or anyone in your home. If you change your mind in the future, here is some information that you can use if you’d like to talk to someone.” (Provide Mr. Smith info on the ADRC, APS, Senior Centers)

“Mrs. Madison, I really appreciate you letting me stop in today and I am happy to hear you have so much help in your home. I wish I could visit more, but I have a busy schedule with other people I need to see. I do have some information for you if you do have questions or need more help in the future. Thank you again for letting me meet you and I wish you all the best.” (Provide Mrs. Madison info on the ADRC, APS, Senior Centers)

Safety Concern Situation: “Hey Mr. Roberts, I see you are upset (eg, psychotic behaviors, hitting items, disoriented) and I have to get back to my office anyways, so I am going to head out. I would like to help you so I will leave this information here if you decide to call for help later. Thank you for letting me visit you today and maybe we can check in with you later.”

(Call Molly immediately to follow up regarding initiating an APS call).

- After APS assesses client, EMS can check back in later and potentially be able to continue visits.



REFERRAL AND TRANSITION PROCESS (Attachment F)

EMS VISITOR- TRANSITION TO SERVICES/SCRIPT

Attachment F

- 1) Utilize your Motivational Interviewing skills:

Keep in mind what the client's motivating factor is (eg being able to stay in their home, be near their personal belongings, maintaining as much independence as possible)

"I understand you want to stay in your home and I think you should be able to. What do you think is making it difficult right now for you? Tell me more about what you enjoy doing at home and what would make it easier for you to do that."

- 2) Recognize signs of the client being open to help. For example, they may say "I wish I had help with my grocery shopping" or "Can you help me with ____":

"I can see you'd like help with cleaning your bathroom. It is hard work! Luckily, I know of someone who can help you arrange this. They can help you clean your bathroom so you can feel more at home..."

- 3) Validate their abilities, successes, and openness:

"Bob, you really seem to be doing great with cooking your meals. I bet you'd like to cook more with help grocery shopping. I know of someone who has help from _____. She says they are great!"

- 4) Recognize and validate their reluctance for help:

"I understand Mary that you don't want strangers in your home. It is a big change. You didn't know me at first, and now we enjoy each other's company. I can help by meeting with you and the case manager together. Maybe you will give them a try for a couple weeks and then decide from there."

- 5) With the client's permission and signed Release of Information, call the Verona Senior Center or Fitchburg Senior Center to make client referral.

- a. Let the case manager taking the referral call know the client is involved with the EMS Visitor Program through WAI
- b. Provide them information they need to meet with client
- c. Give them the case # assigned to that individual (case manager will need to keep this number when sharing data back with WAI later)
- d. Schedule a joint visit with client and case manager to make a smooth transition.



SUBMITTING DATA

- Data reporting forms need to be completed after each visit
- All data reporting forms to be submitted to Jeff Dostalek biweekly
 - Call Molly with any questions on filling them out
- Jeff will be the keeper of the forms and will submit them to WAI after the 1st months visits



CLOSING THOUGHTS

- Pilot Program
 - Reflect on goal and overall desired outcome
 - We learn as we go and we do it as a team
 - Feedback wanted and encouraged to make this successful!
- Your Roles:
 - Do your best and call/email anytime
 - You are helpers by nature, but resist the urge to help provide in home cares and services to the individuals. Let case managers to that.
- THANK YOU!!!!!!
 - Thank you for all you do in your daily roles, and especially with this project. Your time, work, dedication, motivation is invaluable.
 - THANK YOU FOR MAKING A DIFFERENCE IN THE LIVES OF OTHERS!



QUESTIONS?

CONTACT INFO:

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