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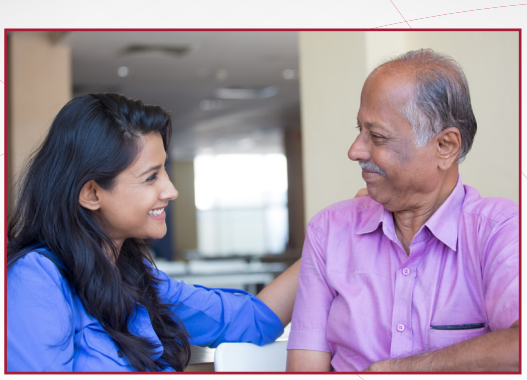

Providing Supportive Services to People with Dementia Living at Home Alone by Implementing the Emergency Medical Services Visitor Program

A comprehensive guide on how to train emergency medical service staff to implement the EMS Visitor Program.

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Chapter 1

Executive Summary

This manual describes and provides guidance on how to implement training for the Emergency Medical Services Visitor Program. This program serves to train Emergency Medical Technicians to help increase their knowledge and ability to respond to emergency calls for people at risk of dementia who live alone. The Visitor Program also serves these vulnerable older adults by connecting them with resources in the community.

Chapter 2

About the Emergency Medical Services Visitor Program Training

Rationale for the "Friendly Visitor" program

Approximately 70%, or 77,000, people with dementia in Wisconsin reside at home. For 75% of these individuals, care is provided by family and friends.[1] In 2011, 13% of people nationwide with dementia lived alone.[2] In Wisconsin, 23% of people diagnosed with dementia through the WAI Dementia Diagnostic Clinic Network live alone. Many people impacted by dementia who live alone do not receive the help they need. Most people prefer to live at home as they age. However, for individuals with dementia, the lack of connection to a primary caregiver or community-based supportive services puts them at higher risk for injury, avoidable hospitalizations, and admission to a long-term care facility, financial exploitation, or other crisis. By developing a system of well-trained, dementia capable, community-based providers to serve as "friendly visitors" for this vulnerable population, these risks could be reduced.

The EMS Visitor Program was designed to use EMTs, whom people in the community often view as neutral, non-threatening gatekeepers, to conduct friendly visits to older adults living alone with dementia and to connect them to appropriate medical and community resources. The goals of the program are to enable people with dementia to live at home for as long as possible and to reduce the use of preventable emergency medical services.

Emergency Medical Services Partners

In 2016-2017, WAI proposed implementing the EMS Visitor Program with the Medical Director for Dane County EMS services, the Medical Director for Fitch-Rona EMS (serving the towns of Fitchburg and Verona, WI, with a combined population of 40,000, of whom 8% are aged 65 and older), and the Chief of Fitch-Rona EMS. They agreed there was a need in their communities and this would be an effective use of EMS personnel during their down-time. They also found the program would provide needed training to EMTs to improve their knowledge and skills in

working with people with dementia, would provide them with better knowledge of community-based services to assist older adults with dementia who live alone; and communities may be able to help pay for the program to ensure sustainability beyond the period of the grant. In 2018, we identified a second EMS organization in a more rural area of Dane County, WI, and established our partnership with Deer-Grove EMS under the leadership of their EMS Chief. Both agencies expressed enthusiasm to participate in this program to improve the services to individuals with dementia in their community.

We initially envisioned that five to ten EMT staff would volunteer to participate in the program, with the goal of seeing two to four people per year, beginning with once a week for two weeks, then every other week for two more visits, then monthly for as long as needed. The goals of these visits were to establish trust with the older adult, understand when to engage more resources to assist the older adult; and help the older adult understand and accept the need for more resources.

Implementing the Program

During the first six months of the project, we developed training for EMTs, planned for program implementation, and addressed any HIPAA and legal concerns. We anticipated that referrals to the program would come from adult protective services, WAI-affiliated Dementia Diagnostic Clinics, Aging and Disability Resource Centers, community and non-profit organizations such as the Alzheimer's Association chapters, social workers or senior center case managers, the police and from the EMTs themselves. Fitch-Rona EMS implemented the program in the latter half of year one and continued it through 2019. In the latter half of 2018, Fitch-Rona EMS identified Deer-Grove EMS as a second agency to work with for program implementation. Each organization was provided a stipend for their services.

Chapter 3

EMS Visitor Program Implementation at a Glance

Determining Your Organization's Need, Capacity, and Readiness

The EMS Visitor Program is an innovative way for emergency responders to help bridge the gap to dementia support services for people with early-stage dementia living alone. The program may also help individuals remain at home longer. However, when considering whether to incorporate the visitor program into an organization, it is vital to examine the organizations current staffing levels, staffing schedules, and ability to schedule additional time for in home visits with people living alone. Some topics to discuss with teams before taking on this endeavor include training, evaluations, outcomes, staffing, and readiness.

Training: Organizations should anticipate the trainings to take approximately 9 hours in total. This allows time to thoroughly cover dementia basics, motivational interviewing, program implementation and questions from participants. We advise these trainings be conducted in separate sessions from each other, rather than in one combined training. Materials to use in the trainings include the training PowerPoint slides and forms/resources to support EMS staff with implementation.

Evaluations: To measure the trainings' effectiveness to provide knowledge about dementia and preparedness to deliver the program, both pre- and post-training surveys should be administered to EMS staff. Increased knowledge and self-efficacy were measured in the WAI program using well-established instruments including the Knowledge and Memory Loss and Care scale (KAML-C)[3], Dementia Attitudes scale (DAS)[4], and using questions from the Alzheimer's Association and Motivational Interviewing presenter.

Evaluation measures for EMS staff were administered as follows:

- Baseline - Knowledge and Efficacy Assessment (before training)
- Pre-/Post-training - Dementia 101 (Basics) Session Assessment
- Pre-/Post-training Motivational Interviewing Session Assessment

- Post-Training Knowledge and Efficacy Assessment (at the end of training)
- 6-month Knowledge and Efficacy Assessment

Outcomes: Intended outcomes for people with dementia living alone include decreased use of emergency services (hospital transport) and increased use of formal community services (e.g., initiation of case manager services). Forms used to capture outcomes measures for clients included Emergency Department Verification Form and Visitor Usage Form on Referrals to Community Case Managers.

Staffing: The EMS Visitor program was designed to be delivered by trained EMS staff who have the capacity to contact and visit people with dementia living alone. During the pilot period of this program, EMS staff including chiefs, deputy chiefs, EMTs and paramedics were trained; and volunteers were identified to be primary EMS visitors. When considering which staff to train or designate as the EMS visitors, it is recommended to use staff that will have ample time to contact individuals referred to the program, time to conduct friendly visits, and assist with referrals to community support services.

Readiness: It's important to determine the staff's ability and motivation to participate in the dementia trainings and devote time to the friendly visits. Consider whether this will fit into current work schedules with respect to EMT and ambulance schedules. We recommend scheduling visits outside of normal works hours to allow EMTs to devote enough time to individuals referred to the program; being called out for an ambulance call during a visit would be disruptive and affect rapport between the EMT and participant. Trained staff should feel comfortable working with older adults with dementia, and know how to respond if the situation warrants a call to Adult Protective Services, such as in cases of abuse and neglect.

Implementation Logistics

Implementing the EMS Visitor Program requires an understanding of when an individual is eligible for the program, how to contact that person for a visit, strategies and tips to use for communication that will elicit a referral to ongoing case management services, and when to disengage involvement with a client. To prepare EMS visitors for delivering the program, WAI

trained staff to follow a flowchart of implementation steps. These steps included receiving the program referral for the person with dementia and documenting their information on the intake form to determine eligibility. If the person has a dementia diagnosis or seems to have memory impairment and if the person lives alone ("live alone" was defined as 'functionally alone.' In other words, they fully live alone without anyone else in the house; live with a spouse that is unable to care for them due to their own physical or cognitive impairments; or live with someone (e.g., roommate, child, friend) who does not or is unable to care for them) and if the person resided in the service area of that EMS company.

If the person being referred was found eligible, EMS would contact the individual to schedule a visit. If they could not be reached by phone, EMS staff would attempt to drop in for a visit. Staff would explain the purpose for their visit as part of a community service initiative to speak directly with older adults in the community in order to learn from them about their needs. EMS were also provided a script and some examples of what they could say to the person with dementia to help elicit a conversation and to be welcomed into the home. (Note: EMS staff used their own vehicles and did not utilize an ambulance, as these did not constitute emergency visits and to maintain privacy and integrity of the people being contacted. EMS staff also wore shirts that included their EMS Company's logo so their profession and organization was visible).

If allowed into the home, staff would visit for as long as the client allowed and as long as staff could stay. In our experience, this ranged from 10 to 45 minutes. EMS visitors were encouraged to take time to build a rapport with the client over several visits, learn about what their strengths and challenges are living alone, and then gradually use their Motivational Interviewing skills to offer a referral to community case management services to obtain services that would allow them to remain safely in their homes for a longer time. Home visit time and referrals made to case management were documented on the Visitor Usage Forms.

If the older adult was adamant about not allowing EMS into the home or if EMS deemed the situation unsafe, they were provided instructions and a script of how to disengage from the individual. In cases where they felt the individual was at risk of abuse or neglect, they were provided contact information for Adult Protective Services of Dane County.

If the client agreed to a referral, a direct call to the local senior center could be made. If the client denied a referral, EMS visitors were encouraged to continue making the visits and to broach the subject of case management services again at a future visit. If the client seemed hesitant about a referral, the EMS visitors were trained to schedule a joint visit with the client and case manager to help facilitate a warm handoff.

Benefits to People Living Alone at Risk for Dementia

We believe that the EMS Visitor Program may have the following benefits of helping connect older adults to community resources, help older adults stay in their home, and reduce hospitalizations or additional medical expenses.

Having access to non-emergency community professionals such as case managers and paid caregivers can help ensure the individual's daily needs are being met in their home. This support can also serve as extra "eyes and ears" to the person's health needs and environment, and address issues before they become a crisis.

Reducing the use of ambulance services and need for hospitalization by proactively addressing concerns before they become a crisis will help older adults to stay in the comfort and security of their homes longer.

Having an older adult living alone connected to case managers and caregivers, and helping to proactively identify when a medical issue may occur, allows addressing an issues before it requires a crisis response.

Benefits to EMS Organizations

EMS partners in this program discussed seeing patients who were "frequent fliers" of emergency services. These were individuals who, despite receiving adequate care in the hospital, when transitioning back home declined to a state that resulted in an emergency response. Connecting these individuals to community support services who could follow-up and provide ongoing services in the home, will reduce the likelihood of calling on emergency services. For EMTs, this equates to fewer ambulance services to older adults and taking them to

the hospital, a decrease in staffing demands for emergency calls, and increased collaboration with community services for elderly patients.

Partnering with Resources in the Community

Prior to program implementation, it's recommended to connect with organizations in the community who may refer individuals to the program, or to whom the program may make referrals. This may include local WAI-affiliated Dementia Diagnostic Clinics, Aging and Disability Resource Centers (ADRCs), community and non-profit organizations such as the Alzheimer's Association, Senior Centers, adult protective services, and the police. Tribal and Dementia Care Specialists are also available in many counties across the state to help support persons with dementia and their caregivers and to provide education to businesses and government agencies, including for first responders, on creating dementia-friendly communities for persons living with dementia. (See Chapter 5: Education Resources).

Chapter 4

Training Provided to EMS Staff

Dementia 101

The education and training EMS providers generally receive focuses primarily on medical issues such as diabetes, heart related problems, and injuries from falls, accidents, or burns. Very few EMS staff receive education on dementia. Therefore, it was vital that we equipped EMS partners with dementia education including the various types, signs, symptoms, and appropriate responses to behaviors. We collaborated with the Wisconsin chapter of the Alzheimer's Association to provide a "Dementia 101" training, providing a basic overview of what dementia is, how it affects a person's memory, thinking and behaviors, and the signs or symptoms to look for.

Read more: Dementia 101 Warning Signs of Alzheimer's

Effective Communication Strategies

Motivational Interviewing

This training was recommended by a collaborating UW Emergency Services Department physician during the development of this program to prepare EMS visitors with improved communication skills with people with dementia. Motivational Interviewing is a collaborative, person-centered, guiding method designed to elicit and strengthen motivation for change. It works by reducing resistance, raising discrepancy and eliciting change talk. (Mia Croyle, MA, Motivational Interviewing Network of Trainers). In this training, EMS participants learned to identify the four key domains of the spirit of Motivational Interviewing (MI), describe the benefits of utilizing MI; compare and contrast an MI-approach to traditional directive communication styles; employ the core skills in MI at a basic level; and apply at least one specific MI strategy to use with their patient population.

Download the Motivational Interviewing PDF

Program Implementation

Next we trained EMTs how to conduct the visits. This included a discussion of potential referral sources, how to contact the individual for a visit, how to conduct a conversation with the person with potential dementia, and how and when to refer them to a senior center case manager for ongoing follow-up. This training also covered when to disengage from the visits if the individual is adamantly against a visit or is refusing a referral to community services.

Download the Program Implementation PDF: ***Deer Grove*** and ***FitchRona***

1) Program Implementation Data Collection Forms
    - EMS Visitor Program Flowchart
    - Intake Form
    - Visitor Usage Form
    - Direct Service Record
    - ED Visit Verification Form
    - Data Collection Checklist
2) Program Implementation Resources
    - EMS Communication Tips and Visit Script
    - Disengagement Information and Script
    - Transition to Services Information and Script
    - Flier for the EMS Visitor Program
    - Brochure from the Dane County Aging and Disability Resource Center
3) Evaluations
    - Pre-Training surveys
    - Post-Training surveys
    - Dementia 101 surveys
    - Motivational Interviewing surveys
    - Dementia Simulation surveys
    - Substance Use Disorder and Dementia surveys

(Note: Program implementation forms and surveys can be found under Education Resources).

Dementia 102

During program implementation, WAI conducted consultations with EMS staff to discuss the status of their visits and to address any questions, concerns or additional training needs. Through this process, we identified some potential missed opportunities to enroll individuals into the program whose risk for dementia was not identified, particularly if they were in the early stages. We opted to invite back the presenter from the Dementia 101 training to educate staff on how the early stages of dementia are easy to miss.

Substance Use Disorder and Dementia

In late 2019, one of our EMS partners discussed concerns with the number of patients they see who appear to have a substance use disorder and expressed challenges with how to distinguish whether impairment is due to substance use or a sign of dementia. They requested this training to learn more about how to respond to these situations and where to refer patients for more help. In early 2020 this training was offered to both of our EMS partner organizations, as well as EMS companies in the surrounding area and the Dane County Sheriff's Department. The training covered:

- Substance use, substance use disorders (SUDs) and older adults
- Cognitive impairment and dementias
- Connection between substance use and cognitive impairment
- What EMS can do to help these patients

Download the SUD/Dementia pdf

Dissemination of Materials

The EMS Visitor Program training materials, guides and other resource links will be disseminated through the Wisconsin Alzheimer's Institute website. To access and download the guide, users will need to complete a form on the webpage providing their name, organization and email address.

Chapter 5

Education Resources and Forms

Below is a brief list of organizations in Dane County, WI that may provide additional education and resources on dementia. Please note: Users should provide resources that available in their specific area for their training programs.

- Alzheimer's Association Wisconsin
- Fitchburg Senior Center, Fitchburg, WI
- Verona Senior Center, Verona, WI
- McFarland Senior Center, McFarland, WI
- Colonial Club, Sun Prairie, WI
- Aging and Disability Resource Center of Dane County
- WAI-Affiliated Dementia Diagnostic Clinic Network
- To find an Aging and Disability Resource Center (ADRC) or ADRC or Tribal Dementia Care Specialist in Wisconsin, visit the state's Department of Health Services' 'Finding an Aging and Disability Resource Center' or Dementia Care Specialist Program website
- Resources for learning how to build Dementia-Friendly Communities
- Administration for Community Living Aging and Disability Resource Centers program
- The 'Eldercare Locator' website can assist with finding community-based resources

Program Implementation Forms and Surveys

Documents are pasted in following pages and linked to download here:

Evaluation Surveys (Combines Dementia 101, Dementia Simulation, Motivational Interviewing (MI), Substance Use Disorder, 1 yr. survey)
EMS Process Flowchart
EMS Observation Checklist
Transition to Services
Disengagement Process Script
Communication Tips and Script
EMS Program Flyer: Deer Grove
EMS Program Brochure: FitchRona

EMS- COMMUNICATION TIPS & VISIT SCRIPT

DO'S	DON'TS
Schedule visits at time of day when they are usually at their best (avoid late afternoon/early evening due to sundowning)	*Speak too loudly*
Minimize distractions- turn down/off the TV, loud music	*Say "Don't you remember?" This can cause anger and embarrassment.*
Keep your tone and body language friendly and positive	*Point out mistakes. It can cause embarrassment and derail the conversation*
Make eye contact and stay at their level (kneel down if they are in a wheelchair)	*Assume they don't remember anything. Many people with dementia have moments of clarity*
Introduce yourself each time	*Take mean comments personally. Dementia can cause more irritability, fear and anger*
Speak slowly and in short sentences with only one idea per sentence (eg, Hi Mary, I'm Bob. What a beautiful day.")	*Talk down to them. They are not children and should still be shown respect*
Give them extra time to speak or answer questions; avoid temptation to answer for them	*Talk about them with other people as if they are not there*
Use open-ended questions; there are no right or wrong answers	*Give multiple choices. Instead, say "Do you want milk or water?" Or show the options to make easier to pick*
Be okay with sitting in silence and know that words are a small part of communication. Observe body language	*Ask what they want to talk about or ask multiple questions.*
Follow their lead	*Force conversations or activities*
Validate their feelings. Allow their expression of feelings	*Argue or correct their feelings. Instead say, "You sound upset. I would be too."*
Meet them where they are at. Enter their reality. Go with the flow even if their conversation is untrue or does not make sense. Act like you've heard everything for the first time.	*Correct their comments if they are untrue. If the person talks about taking a trip to Paris, talk about it as if it's happening or discuss other trips*
Share and discuss memories of the past. They are more likely to remember from a long time ago	*Discuss memories if the person seems distraught or uncomfortable. Instead, attempt to redirect*
Participate in an activity they enjoy such as reading out loud, looking through photo albums, working on a puzzle	*Assume that an activity they enjoyed one day, they will enjoy the next. Dementia can change things day to day*
Give hugs, pats on the back if the person gives permission and enjoys it	*Crowd their personal space. This can make the person feel cornered and unsafe*
Remember you are in their home and their personal space.	*Grab items in their home without asking. Instead, say "Can I look at this beautiful picture?"*
Give compliments.	*Make comments that could be interpreted as negative.*

Script:
While keeping the above Do's and Don'ts in mind, understand that it's normal and okay to feel nervous with the initial visits. Remember, this is about them. Focus on the individual and the outcome to be achieved. Understand that each day, each situation can be new to the person with dementia. Preparing, being positive and flexible are the keys to a successful visit.

**To be culturally respectful, begin each greeting by addressing them by Ms. or Mr., and then ask them how they want to be addressed.

A. **Initial Call:** "*Hi Ms. Smith, my name is Bob. I am a paramedic in Verona. Sally at your church called us on your behalf. We have a special program for people in our community where we check on them sometimes. I would like to come visit with you soon. Is that okay?"*
    a. **If person says 'no':** *I understand you're busy. I'm sure you do have everything taken care of. I'd like to do meet with you once to check in and tell you more about what I do.*

B. **Initial Visit:** "*Hi Ms. Smith, my name is Bob. I scheduled a visit with you today. May I come in? You look very nice. That is a pretty sweater! What a beautiful home you have*."

    a. If not eligible (eg, does not live alone, probably no dementia, has services): *"Well, Ms. Smith you seem to be doing well and taking good care of yourself. I know of some great people at the ADRC that are able to help you if you do have any questions come up. Their number if 240-7400."*

C. **Redirection or Conversation Starter:** "*Hi Mr.Rogers, I understand you are tired today. I am too! It's cold outside. May I come in to schedule another time? Is this your cat? I love cats!"*

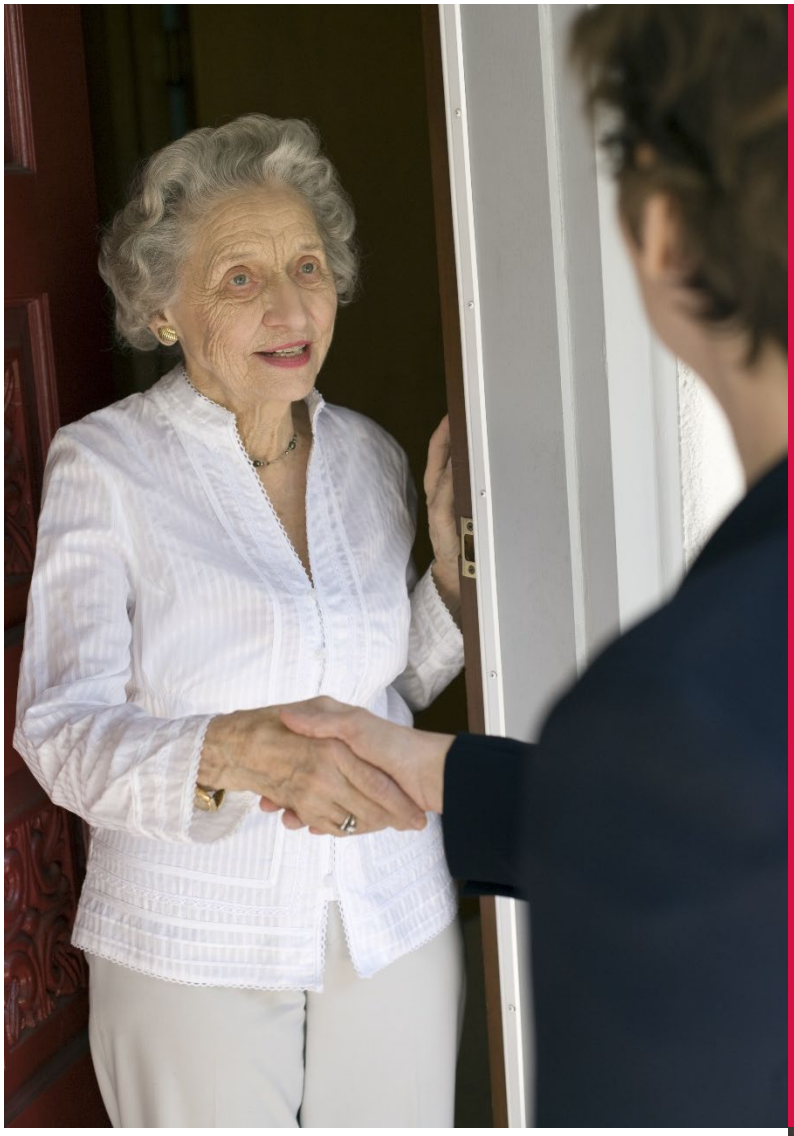
"Hi Mr. Ingalls , I am so happy to see you. Could I meet your dog? I love dogs!

"Look what I found outside your door…your newspaper! I would like to look at it with you."

"Tell me more about this blanket…"

"Tell me more about this plant…"

"This is a beautiful picture. Tell me about your memory of this…"



Are you or someone you know experiencing memory loss?

Are they living alone or without adequate supports in Deerfield, Cottage Grove, or Pleasant Springs?

Do they lack a support system?

Could they benefit from additional medical and community support?

The EMS Visitor Program can help.

EMS Visitor Program

A free service for people with memory loss who live alone in Deerfield, Cottage Grove, and Pleasant Springs, WI

For more information, or to refer yourself or someone else, please contact:

Eric Lang, Chief
Deer-Grove EMS District
608-839-5658 Office
608-843-0077 Cell
elang@deergroveems.com

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EMS Visitor Program

The Challenge

Most people prefer to live at home as they age. However, for individuals with memory loss, the lack of a primary caregiver or supportive resources puts them at high risk for avoidable hospitalizations, admission to a long term care facility, or other crisis. Emergency medical services (EMS) personnel are valued community members. They are in a unique position to help reduce these risks.

Every 66 seconds someone in the United States develops Alzheimer's disease. Today, there are an estimated 115,000 Wisconsin residents living with Alzheimer's disease and 23% live alone.

The Solution

EMS personnel provide friendly visits to the person in their home, establish trust, help them understand, accept and connect to medical and community resources in their area.

What the EMS Visitor Program hopes to achieve:

1. Help the person with memory loss live longer in their home
2. Reduce hospitalizations and emergency room visits

The **EMS Visitor Program** is a collaborative effort between Deer-Grove EMS and the Wisconsin Alzheimer's Institute at the UW School of Medicine and Public Health and the federally-funded Dementia Capable Wisconsin Grant. Funding support for this program is provided by the Administration for Community Living, U.S. Department of Health and Human Services.

How it Works

You recognize that you or someone else has memory loss, lives alone and could use some additional support. You contact Eric Lang, Deer-Grove EMS, at 608-839-5658 or elang@deergroveems.com to make the referral. Emergency medical personnel meet with the person with memory loss in their home, have regularly scheduled friendly visits and help transition the person to services in their community.

Who is Eligible for this Service?

Persons with memory loss who are living alone in Deerfield, Cottage Grove, and Pleasant Springs, Wisconsin who could use supportive services.

Please note that medical care is not provided during the visits.

There is no charge for this service.

For more information, or to refer yourself or someone else, please contact:
Eric Lang, Chief, Deer-Grove EMS District
608-839-5658 office | 608-843-0077 cell | elang@deergroveems.com

Do you know someone with memory loss?

Are they living alone in Fitchburg or Verona?

Do they lack a support system?

Could they benefit from additional medical and community support?

The EMS Visitor Program can help.

For more information or to refer someone, please contact:

Jeff Dostalek, Deputy Chief
Fitch-Rona EMS
608-497-2951
jeffd@fitchronaems.com

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EMS VISITOR PROGRAM

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Fitch-Rona EMS
608-497-2951
jeffd@fitchronaems.com

EMS VISITOR PROGRAM

A FREE SERVICE FOR PEOPLE WITH MEMORY LOSS WHO LIVE ALONE IN FITCHBURG AND VERONA, WI

Wisconsin Alzheimer's Institute
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

THE CHALLENGE

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Emergency medical personnel meet with the person with memory loss in their home, have regularly scheduled friendly visits and help transition the person to services in their community.

Who is eligible for this service?

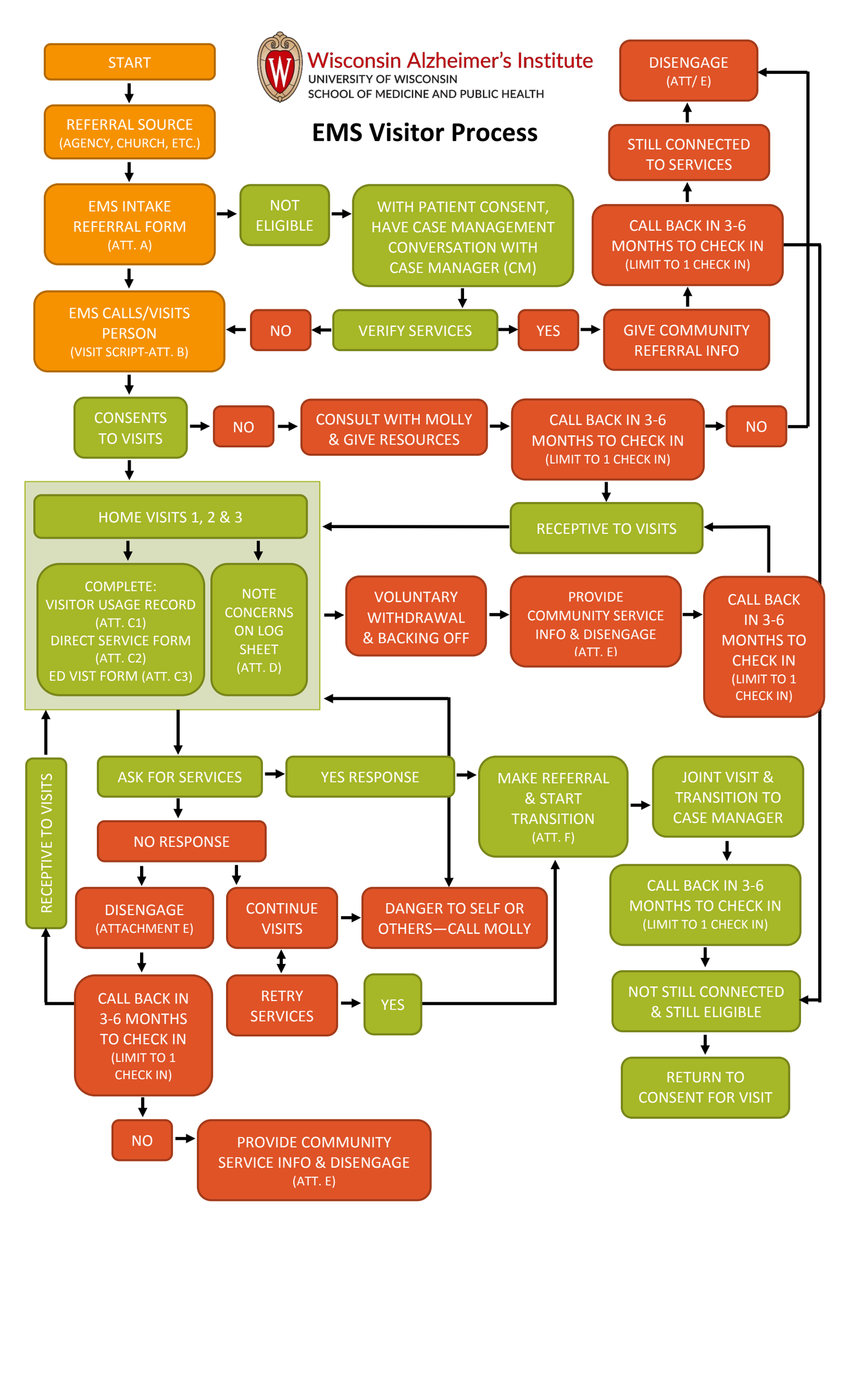
Persons with memory loss who are living alone in Fitchburg and Verona, Wisconsin who could use supportive services.

Please note that medical care is not provided during the visits.

There is no charge for this service.

"It's important to make sure our residents have the best opportunity to remain in their homes and receive the services necessary to do so."

— JEFF DOSTALEK, DEPUTY CHIEF, FITCH-RONA EMS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EMS Visitor Process
START
REFERRAL SOURCE (AGENCY, CHURCH, ETC.)
EMS INTAKE REFERRAL FORM (ATT. A)
NOT ELIGIBLE
WITH PATIENT CONSENT, HAVE CASE MANAGEMENT CONVERSATION WITH CASE MANAGER (CM)
EMS CALLS/VISITS PERSON (VISIT SCRIPT-ATT. B)
NO
VERIFY SERVICES
YES
GIVE COMMUNITY REFERRAL INFO
CALL BACK IN 3-6 MONTHS TO CHECK IN (LIMIT TO 1 CHECK IN)
STILL CONNECTED TO SERVICES
DISENGAGE (ATT/ E)
CONSENTS TO VISITS
NO
CONSULT WITH MOLLY & GIVE RESOURCES
CALL BACK IN 3-6 MONTHS TO CHECK IN (LIMIT TO 1 CHECK IN)
NO
HOME VISITS 1, 2 & 3
RECEPTIVE TO VISITS
COMPLETE: VISITOR USAGE RECORD (ATT. C1) DIRECT SERVICE FORM (ATT. C2) ED VIST FORM (ATT. C3)
NOTE CONCERNS ON LOG SHEET (ATT. D)
VOLUNTARY WITHDRAWAL & BACKING OFF
PROVIDE COMMUNITY SERVICE INFO & DISENGAGE (ATT. E)
CALL BACK IN 3-6 MONTHS TO CHECK IN (LIMIT TO 1 CHECK IN)
RECEPTIVE TO VISITS
ASK FOR SERVICES
YES RESPONSE
MAKE REFERRAL & START TRANSITION (ATT. F)
JOINT VISIT & TRANSITION TO CASE MANAGER
NO RESPONSE
DISENGAGE (ATTACHMENT E)
CONTINUE VISITS
DANGER TO SELF OR OTHERS—CALL MOLLY
CALL BACK IN 3-6 MONTHS TO CHECK IN (LIMIT TO 1 CHECK IN)
RETRY SERVICES
YES
NOT STILL CONNECTED & STILL ELIGIBLE
CALL BACK IN 3-6 MONTHS TO CHECK IN (LIMIT TO 1 CHECK IN)
RETURN TO CONSENT FOR VISIT
NO
PROVIDE COMMUNITY SERVICE INFO & DISENGAGE (ATT. E)

EMS VISITOR- TRANSITION TO CASE MANAGEMENT SERVICES & SCRIPT

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.

EMS FV ID#_____
(For Office Use Only)

Dementia Capable WI: Creating New Partnerships in Dementia Care

We are asking you to provide this information to help us comply with federal reporting requirements. Completing this form is voluntary, but we hope that you will choose to fill it out. We also need it to help us analyze and evaluate programs that facilitate care and support for people with dementia. This information will be stored in a secure electronic database. We will not share your information with another agency without your permission. We will not sell this information to anyone.

If you have questions regarding this questionnaire, please contact:
Dr. Art Walaszek, Principal Investigator
Wisconsin Alzheimer's Institute
610 Walnut St, Suite 957
Madison, WI 53726
Phone: 608-263-6106

Demographic Information

1. What is your professional role? _____

2. How many years have you worked in this role? _____

3. Are you Hispanic, Latino, or Spanish origin?
   - ❑ Yes
   - ❑ No

4. What is your race? (**Check ✓ all that apply.**)
   - ❑ American Indian or Alaska Native
   - ❑ Asian or Asian-American
   - ❑ Black or African-American
   - ❑ Hawaiian Native or Pacific Islander
   - ❑ White or Caucasian
   - ❑ Other: _____

5. What is your gender? _____

6. Please circle the highest year of school you have completed:

1 2 3 4 5	6 7 8 9 10 11 12	13 14 15 16	17 18 19 20 21 22 23+
(primary)	(middle/high school)	(tech/college)	(graduate school)

EMS FV ID#_____
(For Office Use Only)

EMS Areas of Dementia Knowledge and Self-Efficacy

We are interested in understanding your knowledge of dementia and your confidence level to relate to persons with dementia. Please be honest in circling the best response per question. There are no right or wrong answers; we just want to know what you think. Your answers will be kept confidential and will not be reported back to your employer.

How confident are you that you **have a good understanding** of…	**Not at all**	**Low**	**Moderate**	**High**
The different types of dementia?	0	1	2	3
The progression of dementia?	0	1	2	3
Behaviors that accompany dementia?	0	1	2	3
How to relate to persons with dementia?	0	1	2	3
Communication strategies to use with persons with dementia?	0	1	2	3
Common medications taken for dementia?	0	1	2	3
Imminent danger and risky behaviors in persons with dementia for contacting adult protective services?	0	1	2	3
When you need to follow up with the person's physician for medical issues?	0	1	2	3
Services available to persons with dementia?	0	1	2	3
What a case manager does in supporting persons with dementia?	0	1	2	3

How confident are you **in your ability** to…	**Not at all**	**Low**	**Moderate**	**High**
Identify when and how to refer to Adult Protective Services?	0	1	2	3
Identify when and how to refer to the person's physician?	0	1	2	3
Identify when and how to refer to a community case manager?	0	1	2	3
Identify the common signs of persons with dementia?	0	1	2	3
Relate to persons with dementia?	0	1	2	3

EMS FV ID#_____
(For Office Use Only)

Knowledge of Memory Loss and Care (KAML-C)

Which of the following is the most common cause of memory loss in persons over age 65?
_____ 1. Alzheimer's disease
_____ 2. Senility
_____ 3. Normal aging
_____ 4. Hardening of the arteries
_____ 5. Benign senescent forgetfulness

Which of the following conditions may resemble Alzheimer's disease?
_____ 1. Major depression
_____ 2. Pernicious anemia
_____ 3. Thyroid disorder
_____ 4. Parkinson's disease
_____ 5. All of the above

A symptom of Alzheimer's disease usually NOT seen in the early stage is
_____ 1. Disorientation to time and place
_____ 2. Word finding difficulty
_____ 3. Aggressive behavior
_____ 4. Recent memory loss
_____ 5. Difficulty with calculations

The BEST way to enable someone with memory loss to understand you is to
_____ 1. Logically explain your reasoning
_____ 2. Write out a detailed note
_____ 3. Repeat yourself until the point is made
_____ 4. Give brief and simple instructions
_____ 5. Speak in a quiet tone

Which of the following is NOT likely to be a problem for a person in the early stage of memory loss who is living alone?
_____ 1. Forgetting to turn off the stove
_____ 2. Making travel plans
_____ 3. Managing money
_____ 4. Remembering to take medications
_____ 5. Getting dressed in the morning

Which of the following approaches is NOT HELPFUL for persons with memory loss in completing tasks?
_____ 1. Breaking tasks down into small steps
_____ 2. Encouragement to try harder
_____ 3. Repeating old, familiar skills
_____ 4. Having others assist them as needed
_____ 5. Companionship

Most persons with Alzheimer's disease live
_____ 1. In nursing homes
_____ 2. In retirement communities
_____ 3. In their own homes
_____ 4. With their adult children
_____ 5. In assisted living facilities

EMS FV ID#_____
(For Office Use Only)

Dementia Attitudes Scale (Connor & McFadden)

Please rate each statement according to how much you agree or disagree with it. Circle 1, 2, 3, 4, 5, 6, or 7 according to how you feel in each case. Please be honest. There are no right or wrong answers.

The acronym “ADRD” in each question stands for “Alzheimer’s disease and related dementias.”

	Strongly disagree	**Disagree**	**Slightly disagree**	**Neutral**	**Slightly agree**	**Agree**	**Strongly agree**
It is rewarding to work with persons who have ADRD.	1	2	3	4	5	6	7
I am afraid of persons with ADRD.	1	2	3	4	5	6	7
Persons with ADRD can be creative.	1	2	3	4	5	6	7
I feel confident around persons with ADRD.	1	2	3	4	5	6	7
I am comfortable touching persons with ADRD.	1	2	3	4	5	6	7
I feel uncomfortable being around persons with ADRD.	1	2	3	4	5	6	7
Every person with ADRD has different needs.	1	2	3	4	5	6	7
I am not very familiar with ADRD.	1	2	3	4	5	6	7
I would avoid an agitated person with ADRD.	1	2	3	4	5	6	7
Persons with ADRD like having familiar things nearby.	1	2	3	4	5	6	7
It is important to know the past history of persons with ADRD.	1	2	3	4	5	6	7
It is possible to enjoy interacting with persons with ADRD.	1	2	3	4	5	6	7
I feel relaxed around persons with ADRD.	1	2	3	4	5	6	7

EMS FV ID#_____
(For Office Use Only)

	Strongly disagree	Disagree	Slightly disagree	Neutral	Slightly agree	Agree	Strongly agree
Persons with ADRD can enjoy life.	1	2	3	4	5	6	7
Persons with ADRD can feel when others are kind to them.	1	2	3	4	5	6	7
I feel frustrated because I do not know how to help persons with ADRD.	1	2	3	4	5	6	7
I cannot imagine taking care of someone with ADRD.	1	2	3	4	5	6	7
I admire the coping skills of persons with ADRD.	1	2	3	4	5	6	7
We can do a lot now to improve the lives of persons with ADRD.	1	2	3	4	5	6	7
Difficult behaviors may be a form of communication for persons with ADRD.	1	2	3	4	5	6	7

Thank you!

Chapter 6

Wisconsin Alzheimer's Institute

The Wisconsin Alzheimer's Institute (WAI), an academic center of the School of Medicine and Public Health at the University of Wisconsin-Madison, was founded in 1998 by a coalition of service providers, community-based organizations, educational institutions, and advocates organized by the Wisconsin Bureau on Aging and Long-Term Care Resources and Bader Philanthropies. The WAI is committed to helping people living with Alzheimer's disease or other dementia, their caregivers, and the health professionals working to support them. In 2008, the WAI Regional Milwaukee Office was established in Milwaukee, Wisconsin, with the goals of empowering the local community, improving access to quality care, and increasing African American research participation by building culturally tailored programs. The hallmarks of the Public Health Pillar of WAI are community outreach and the development of culturally tailored, innovative programs to improve the quality of care for people with Alzheimer's disease and other causes of dementias.

WAI's mission is to promote the health equity and improve the quality of life of people living with Alzheimer's disease and other dementias and their families through research, education, clinical care and community engagement. We are committed to helping improve the lives of people with Alzheimer's disease and dementia, their caregivers, and other professionals who support them. The Wisconsin Alzheimer's Institute receives funding from the state of Wisconsin, the National Institutes of Health (NIH), and Bader Philanthropies. The development of this Emergency Medical Services (EMS) Visitor Program manual was made possible under federal funding from the Administration for Community Living.

Providing Supportive Services to People with Dementia Living at Home Alone by Implementing the Emergency Medical Services Visitor Program

Alzheimer's disease Initiative-Specialized Supportive Services Grant

This guide is part of the Alzheimer's disease Initiative-Specialized Supportive Services (ADI-SSS) grant through ACL. This three-year grant, titled *Dementia Capable Wisconsin-Creating New Partnerships in Dementia Care*, was awarded to WAI in 2016. The project goals in the ADI-SSS grant included enabling people with dementia to live at home for as long as possible and decreasing unnecessary use of emergency medical services by addressing dementia care system gaps through person-centered, evidence-informed approaches.

To help accomplish these goals, we partnered with two EMS agencies, Fitch-Rona EMS and Deer-Grove EMS, to implement the EMS Visitor Program. We developed training for Emergency Medical Technicians (EMTs) to help increase the knowledge and ability of EMTs who responded to emergency calls for people at risk of dementia who were living alone. This manual describes the training and provides guidance on how to implement training.

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