

### **Optimizing Hospital Care for People with Parkinson's:**

A new professional education course detailing best practices in inpatient hospitalizations, emergency department visits, and outpatient procedures.

Annie Brooks, MSW, Director, Strategic Initiatives Lisa Hoffman, MA, Director, Professional Education Indhira Blackwood, MPA, Project Manager, Professional Education Emily Buetow, MSW, Associate Director, Strategic Initiatives

#### Introduction

Each year, more than 300,000 Americans living with Parkinson's disease (PD) receive care in the hospital. People with PD are at increased risk for hospitalization and, once hospitalized, are more likely to have avoidable complications, worsening PD symptoms, longer stays and poorer outcomes.

With support from the CVS Health Foundation, the Parkinson's Foundation created a **free** accredited three-part course detailing best practices in multiple hospital settings.

#### **Care in the Outpatient Setting**

#### This course reviews:



Necessary accommodations for timing of procedures and medications.



Possible side effects of anesthetics.



Common procedures that can impact PD symptoms and vice versa.



Interprofessional team members' roles



Role of the care partner and how to manage everyone's expectations.



The four-step protocol framework for common procedures:

- 1. Consider how the procedure could impact— or be impacted by PD.
- 2. Scheduling the procedure when a person's medications are most optimal in the day.
- 3. Identify pre-procedural recommendations.
- 4. Identify post-procedure recommendations.

#### **Care in the Inpatient Setting**

#### This course reviews:



The importance of medication timing and type.



How to prepare patients for a safe inpatient experience.



Interprofessional team members' roles



Importance of maintaining mobility during a hospital stay.



PD surgical options, potential complications, and care for people admitted with those complications.

#### **Care in the Emergency Department**

#### This course reviews:



Importance of recognizing PD as a relevant co-morbidity and its impact on testing and assessment.



Misunderstandings about the presentation of PD symptoms.



Consultations and the questions each discipline should ask.



Benefits of minimizing stress and the significant impact of patient engagement.



Challenges faced during transitions in care and key steps post-discharge.

To access **Optimizing Hospital Care for People with Parkinson's** visit **LearningLab.Parkinson.org** 







#### STRUTHERS PARKINSON'S CARE NETWORK/ **COMMUNITY PARTNERS IN PARKINSON'S CARE IMPROVING PARKIINSON'S CARE IN SENIOR LIVING COMMUJNITIES** AND HOME CARE AGENCIES IN THE US

Joan Gardner, Rose Wichmann



Community Partners in Parkinson's Care/ Parkinson's Foundation

#### Background:

Parkinson's disease is complex and has many unique care needs that have not been well understood by health care workers. In 2012, a program was launched to educate staff working in senior living communities and home care agencies about Parkinson's disease. These organizations are known to have high levels of staff attrition with frequent loss of knowledge gains received in attempts at one time in servicing. Medication timeliness is also an identified problem like that seen in hospitalized patients with PD, where studies show 75% of patients do not receive their Parkinson's medications on time. The program (formerly called Struthers Parkinson's Care Network) became a program of the Parkinson's Foundation in 2023 and is named Community Partners in Parkinson's Care.

#### Methods:

The core education is comprised of four online modules based on the TULIPS acronym and takes approx. 2 hours to complete.

- · The program was designed to be inclusive and can be completed by a variety of team members.
- The online curriculum is encouraged to be completed at the time of new employee orientation to sustain knowledge gains as new staff are hired over time. Emphasis is placed on educating team members who have daily interactions with clients with PD, including those who do not provide hands on
- Additional webinars are offered several times each year for ongoing staff education and discipline specific training of health care professionals. Outcomes including staff surveys and medication audits are collected routinely to assess progress.



The TULIPS Acronym

Time **U**nderstanding quality of Life Increased **Awareness** Pills on Time Support

Completion of Online Curriculum to Date: To date, over 19,000 staff members have completed the program's online curriculum.	Numbers completing online curriculum
Role	
Administration/Nursing	1228
Management	
Direct care worker (CNA,	9022
Home care worker)	
Nursing	2339
Therapist	735
(PT/OT/SP/Activities)	
Social Worker/Case Manager	297
Spiritual Care/Chaplain	43
Support (dietary,	3774
housekeeping, maintenance,	
etc)	
Other	2243
Grand Total to date:	19,681



Struthers Parkinson's Care Network /Community Partners in Parkinson's Care acknowledges generous support of the Edmond J Safra Foundation

#### **Results: Staff Surveys**

- Staff surveys were conducted in >2000 staff members both prior to and after completion of PD education.
- Surveys asked staff members to rate their PD knowledge, their confidence in working with clients with Parkinson's and their understanding of the TULIPS
- Significant gains were seen in post-education surveys, with the largest increases seen in understanding the TULIPS acronym used as part of training.

Survey Item	Pre-survey	Post-survey	Change from	p-value
	(n=2,963)	(n=2,464)	pre – to post	
Knowledge of PD	$4.78 \pm 0.12$	$6.71 \pm 0.12$	$1.94 \pm 0.07$	< 0.0001
Confidence	$5.52 \pm 0.13$	$7.03 \pm 0.14$	$1.51 \pm 0.08$	< 0.0001
TULIPS	$2.40 \pm 0.18$	$6.41 \pm 0.18$	$4.01 \pm 0.08$	< 0.0001
Understanding				

#### **Results: Pills On Time**

- · Initial review prior to training showed many sites did not have scheduled times for carbidopa/levodopa listed in the electronic medical record, (indicated only bid /tid/ qid or listed as a range i.e., q 2-4 hours)
- A total of 9833 doses of carbidopa/levodopa from 77 assisted living and long-term care sites were collected in the audits.
- Immediate improvements for carbidopa/levodopa timeliness were seen after sites participated in initial training, with 54.1% of doses given within 15 minutes of the scheduled time
- Carbidopa/levodopa timeliness continued to improve over time, showing program sustainability through continued new staff training over time in an industry with high levels of staff attrition.

Audits collected from site:	Total Doses of carbidopa /levodopa given	Within 15 minutes of schedule time	Within 30 minutes of schedule time	Within 60 minutes of schedule time	Greater than 60 minutes from schedule time
1-4 audits	1770	959	280	345	176
Percentage		54.1%	15.8	19.5%	9.9%
5-7 audits	2056	1146	409	366	109
Percentage		55.8%	20%	18%	5.3%
8+ audits	6007	3746	1194	761	267
Percentage		62.4%	19.8%	13.4%	6%

#### **Conclusions:**

- ✓ The Community Partners in Parkinson's Care program has successfully trained over 19,000 workers working in a variety of roles.
- ✓ Workers demonstrated significant improvement in PD knowledge, confidence in working with PD clients and the TULIPS acronym used in the training program. (p< 0.0001)
- ✓ Improvements were seen in medication timeliness of carbidopa/levodopa as result of initial training, with continued improvements noted over time.
- ✓ Additional training is needed, with expansion to all senior living communities and home care agencies working with individuals living with PD.

#### Pathway to Parkinson's Foundation Exercise Education Accreditation Program & Competencies for Exercise Professionals and Exercise **Education Programs & Continuing Education Courses**

Parkinson.org

Lisa Hoffman<sup>1</sup>, Miriam R Rafferty<sup>2,3</sup>

<sup>1</sup>Parkinson's Foundation, <sup>2</sup>Shirley Ryan AbilityLab, <sup>3</sup>Northwestern University

#### Introduction

- Exercise professionals play an important role in the care of persons with Parkinson's.
- To date, there have been no unified guidelines or procedures in place to ensure that exercise professionals are competent in working with this special population.
- The lack of unified guidelines and procedures has led to great variability in the knowledge, skills, and abilities (KSAs) of exercise professionals.
- As a result, it has been difficult for persons with Parkinson's and their healthcare providers to evaluate the safety and effectiveness of exercise programs and instructors.

## Methodology

In collaboration with psychometrician methodologists, we created a **2-phase** process:

- Develop KSAs to define competencies for exercise professionals.
- Construct a framework for an accreditation program to recognize exercise education programs and courses.

This process aligned with professional standards in testing articulated in the accreditation standards published by the National Commission for Certifying Agencies (NCCA, 2014).

#### **Teamwork Makes the Dream Work**

American Academy of Neurology (AAN)	American College of Sports Medicine (ACSM)
American Council on Exercise (ACE)	American Parkinson's Disease Association (APDA)
American Physical Therapy Association (APTA)	Boston University
Cleveland Clinic	Dance for PD
Davis Phinney Foundation	Emory University
Int'l Parkinson and Movement Disorder Society	Medical Fitness Association (MFA)
MDT Solutions	Norton Neuroscience Institute Resource Center
Northwestern Medicine Executive Health	Parkinson Wellness Recovery   PWR!
People with Parkinson's Advisory Council	Rider University
Rock Steady Boxing	Shirley Ryan AbilityLab
theLab	YMCA

# Criteria for Exercise Education Programs

## **Competency Framework for Exercise Professionals**

- 1. Foundational Information on the Diagnosis, Treatment, and the Role of Exercise
- 2. Screening for People with Parkinson's Disease to Participate in Exercise
- 3. Group/Individual Exercise Design for People with Parkinson's Disease
- 4. Exercise Leadership for People with Parkinson's Disease: Human Behavior and Counseling
- 5. Interprofessional Communication and Program Development

**Criteria for Exercise Education Programs** 

**Competency Framework for Exercise Professionals** 

Scan the QR codes to access the full Criteria and Competency **Framework** 





#### **Pathway**

## Parkinson's Foundation Exercise Accreditation Recognition

**Convening Meeting March 2020** Parkinson's Exercise Recommendations Survey **Stakeholders Competency Development/Review Committees Job Task Analysis** 

**Accreditation** 

(Pilot)

The Parkinson's Foundation Exercise Accreditation Recognition distinguishes Parkinson's-specific exercise education programs and continuing education courses that provide the knowledge and skills necessary to create a safe and effective exercise experience for persons with Parkinson's by aligning and adhering to the Criteria for Exercise Education Programs and Competency Framework for **Exercise Professionals.** 

Results





# Utilizing the Parkinson's Foundation Five Domains of Exercise Professional Competencies to Map Five Criteria for Exercise Education: A Pilot Study, March 2022 – March 2023

Lisa Hoffman<sup>1</sup>, Miriam R Rafferty<sup>2,3</sup>, Lauren Krasucki <sup>1</sup>

<sup>1</sup>Parkinson's Foundation, <sup>2</sup>Shirley Ryan AbilityLab, <sup>3</sup>Northwestern University



#### Introduction

- Parkinson's disease (PD) is a complex disorder for which specialized training in the delivery and effects of exercise is strongly encouraged.
- There are many educational opportunities specific to exercise in PD for exercise professionals; however, they vary in terms of duration, format, and curriculum.
- As a result, there is great variability among exercise professionals, creating uncertainty among persons with PD and their healthcare providers when evaluating the safety and effectiveness of exercise programs.

#### Aim

To acknowledge exercise education programs and continuing education courses that adhere to the Parkinson's Foundation Criteria for Exercise Education Programs and Competency Framework for Exercise Professionals.

## Methodology

#### The **Pilot Accreditation Process** involved:

- Application;
- Committee review;
- Assessments based on RE-AIM framework; and
- Procedures to maintain accreditation status.

A heterogeneous group of seven (7) non-profit and for-profit entities applied to participate in the pilot process.

Three (3) Exercise Education Programs and two (2) Exercise Continuing Education Courses completed the Pilot Accreditation Program.

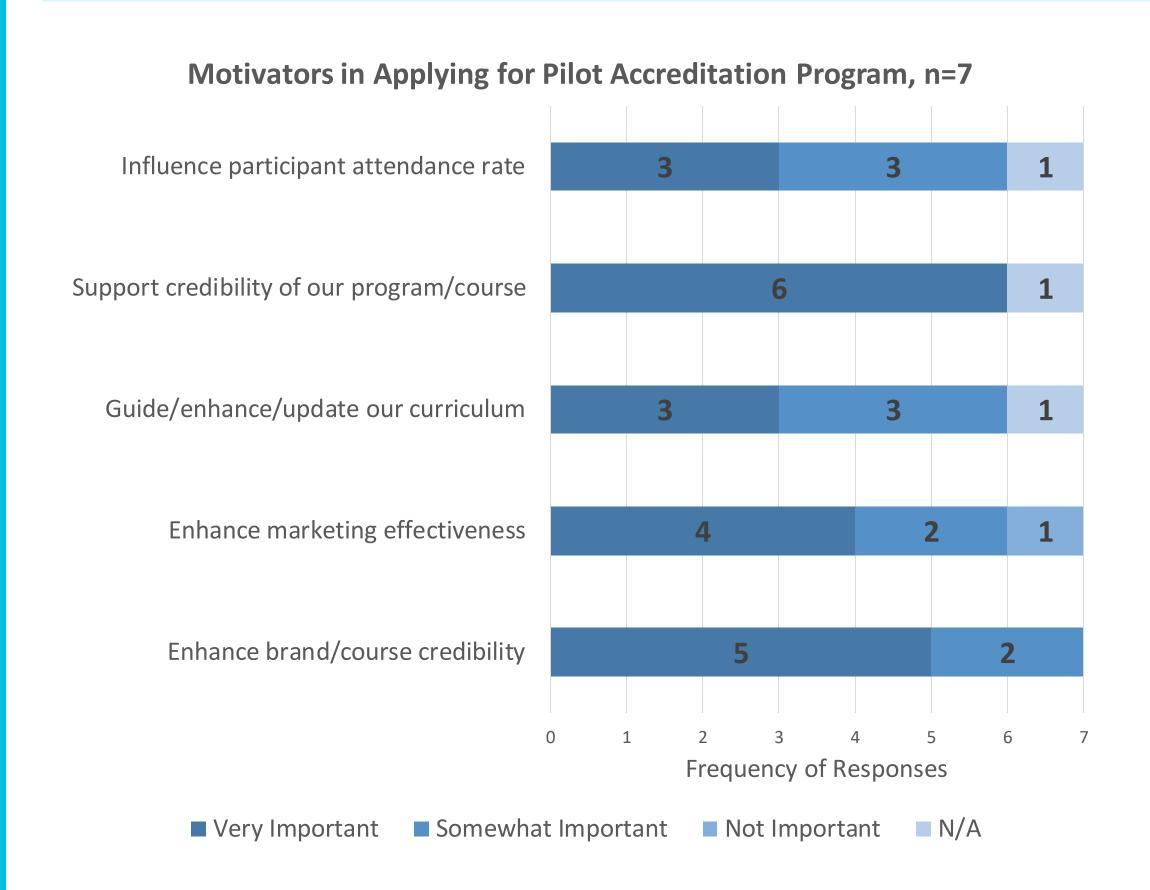


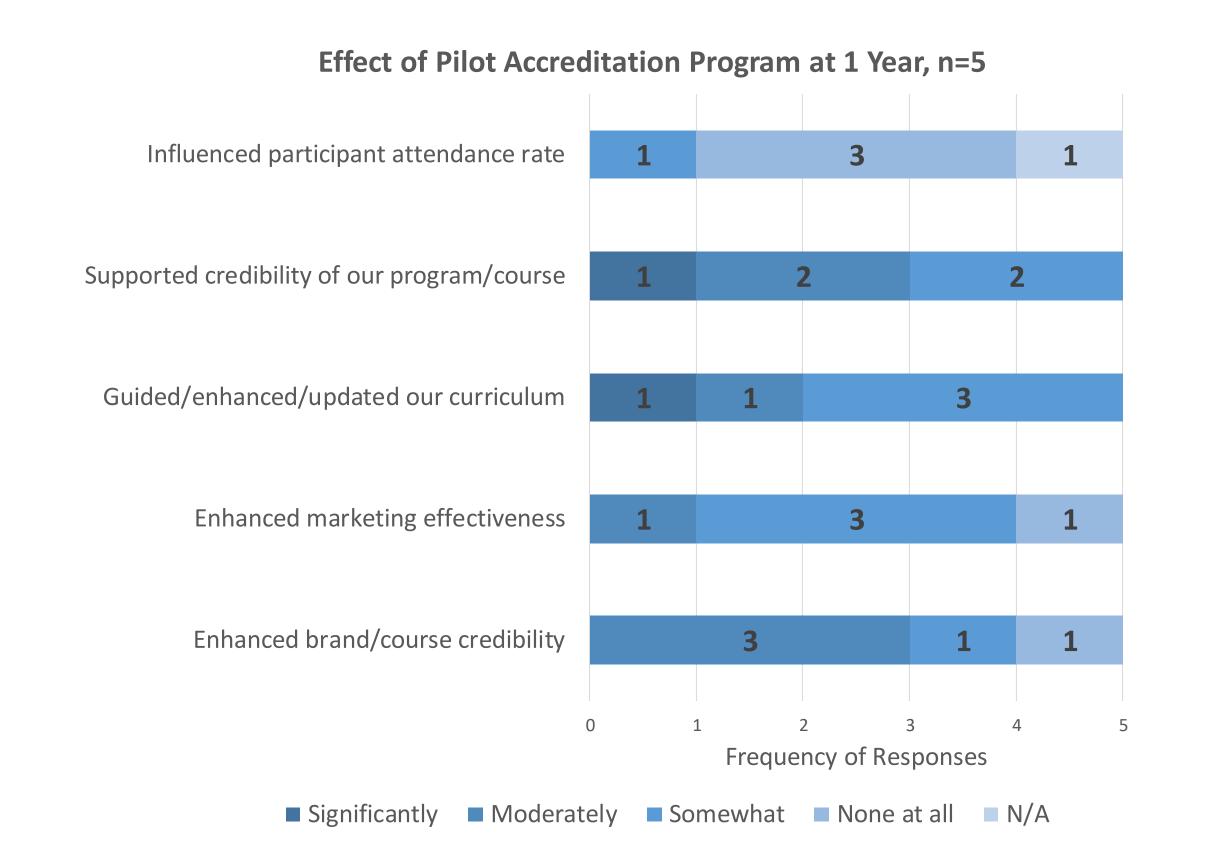


#### **Maintenance of Accreditation Status**

- Complete assessments at baseline,
   6 months, and 12 months.
- Distribute Parkinson's Foundation survey to learners.
- Meet with designated liaison periodically.
- Attend mid-year meeting with fellow accredited entities.
- Participate in two (2) Parkinson's Foundation-affiliated events.
- Include accreditation badge in marketing materials.

#### Results





\*Preliminary data show that 62% of learners have been able to reach an increased number of clients with Parkinson's as a result of their participation in an accredited exercise education program / continuing education course.

## Discussion

- The pilot accreditation process provided insight into how various exercise education entities adhered to the Criteria for Exercise Education Programs and Competency Framework for Exercise Professionals based on their unique mission and values.
- Inadequate recognition among exercise professionals and persons with Parkinson's was a frequently cited barrier.

## **Future Direction**

- The Parkinson's Foundation will continue to analyze incoming data from the accredited entities and their learners in order to determine the feasibility of exercise accreditation recognition.
- In the interim, the focus will shift to brand recognition and educating the greater Parkinson's community on the value of the exercise accreditation program.