You Identify a Person Who Has Memory Concerns

Is Person Willing to be Screened?

No

Provide Usual Services

Yes

Screen Cognition Using Mini-Cog and Family Questionnaire (If Family Available)

Mini-Cog Score 4-5* and Family Questionnaire 0-2

Ask Questions to Better Understand Person’s Needs

Mini-Cog Score 0-3* Or Family Questionnaire 3 or More

Encourage Client to Make Appointment With Primary Care Physician For Memory Loss Work-Up

Person already has a diagnosis of dementia? START HERE

Tools available at www.hawaii.edu/aging/hadi
- Memory Care Navigators Activities Tracking Form
- Mini-Cog
- Family Questionnaire
- Modified Caregiver Strain Index

Other resources:
- Mini-Cog Administration Video: www.youtube.com/watch?v=CRQEighdb0w

Culturally responsive resources:
- www.hawaii.edu/aging/hadi
- www.actonalz.org/culturally-responsive-resources

Schedule Ongoing Visits With Person and Family

Communicate Plan of Care Across Health Care Team
Mini-Cog Scale

Step 1. Three Word Registration

Look directly at the Person and say “Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are (select a list of words from the versions below). Please say them for me now.” If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies. For repeated administrations, use of an alternative word list is recommended.

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Banana</td>
<td>Leader</td>
<td>Village</td>
<td>River</td>
<td>Captain</td>
<td>Daughter</td>
</tr>
<tr>
<td>Sunrise</td>
<td>Season</td>
<td>Kitchen</td>
<td>Nation</td>
<td>Garden</td>
<td>Heaven</td>
</tr>
<tr>
<td>Chair</td>
<td>Table</td>
<td>Baby</td>
<td>Finger</td>
<td>Picture</td>
<td>Mountain</td>
</tr>
</tbody>
</table>

Step 2. Clock Drawing

Say: “Next, I want you to draw a clock for me. First, put all of the numbers where they go.” When that is completed, say: “Now, set the hands to 10 past 11.”

Use a preprinted circle for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3. Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: “What were the three words I asked you to remember?” Record the word list version number and the person’s answers below.

Word List Version: __________ Person’s Answers: __________________________________________________

Scoring

Word Recall: _______ (0-3 points) 1 point for each word spontaneously recalled without cueing.

Clock Draw: _______ (0 or 2 points) Normal clock = 2 points. Inability or refusal to draw a clock (abnormal) = 0 points.

Total Score: _______ (0-5 points) Total score = Word Recall score + Clock Draw score.

* Adapted from Mini-Cog ™ © S. Borson. All rights reserved. Full version is available at http://www.actonalz.org/pdf/Mini-Cog.pdf
** Note: these scales with scoring information are available in full on the HADI visit form (www.hawaii.edu/aging/hadi).

Family Questionnaire

In your opinion does __________________________ have problems with any of the following?

Please circle the answer.

1. Repeating or asking the same thing over and over?
   - Not at all
   - Sometimes
   - Frequently
   - Does not apply

2. Remembering appointments, family occasions, holidays?
   - Not at all
   - Sometimes
   - Frequently
   - Does not apply

3. Writing checks, paying bills, balancing the checkbook?
   - Not at all
   - Sometimes
   - Frequently
   - Does not apply

4. Deciding what groceries or clothes to buy?
   - Not at all
   - Sometimes
   - Frequently
   - Does not apply

5. Taking medications according to instructions?
   - Not at all
   - Sometimes
   - Frequently
   - Does not apply

Relationship to patient __________________ (spouse, son, daughter, sister, grandchild, friend, etc.)

Scoring: Not at all = 0, Sometimes = 1, Frequently = 2. Sum to get total score. A score of 3 or more should prompt the consideration of a more detailed evaluation

*Adapted from the Care Management Advisory Group of the Chronic Care Networks For Alzheimer’s Disease Initiative. Full version from: (http://www.alz.org/mnnd/documents/family_questionnaire.pdf)

Modified Caregiver Strain Index

<table>
<thead>
<tr>
<th>My sleep is disturbed</th>
<th>Yes, On a Regular Basis = 2</th>
<th>Yes, Sometimes = 1</th>
<th>No = 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiving is inconvenient</td>
<td>__________________________</td>
<td>______________________</td>
<td>__________</td>
</tr>
<tr>
<td>Caregiving is a physical strain</td>
<td>__________________________</td>
<td>______________________</td>
<td>__________</td>
</tr>
<tr>
<td>Caregiving is confining</td>
<td>__________________________</td>
<td>______________________</td>
<td>__________</td>
</tr>
<tr>
<td>There have been family adjustments</td>
<td>__________________________</td>
<td>______________________</td>
<td>__________</td>
</tr>
<tr>
<td>There have been changes in personal plans</td>
<td>__________________________</td>
<td>______________________</td>
<td>__________</td>
</tr>
<tr>
<td>There have been other demands on my time</td>
<td>__________________________</td>
<td>______________________</td>
<td>__________</td>
</tr>
<tr>
<td>There have been emotional adjustments</td>
<td>__________________________</td>
<td>______________________</td>
<td>__________</td>
</tr>
<tr>
<td>Some behavior is upsetting</td>
<td>__________________________</td>
<td>______________________</td>
<td>__________</td>
</tr>
<tr>
<td>It is upsetting to find the person I care for has changed so much from his/her former self</td>
<td>__________________________</td>
<td>______________________</td>
<td>__________</td>
</tr>
<tr>
<td>There have been work adjustments</td>
<td>__________________________</td>
<td>______________________</td>
<td>__________</td>
</tr>
<tr>
<td>Caregiving is a financial strain</td>
<td>__________________________</td>
<td>______________________</td>
<td>__________</td>
</tr>
<tr>
<td>I feel completely overwhelmed</td>
<td>__________________________</td>
<td>______________________</td>
<td>__________</td>
</tr>
</tbody>
</table>

Sum responses for “Yes, on a regular basis” (2 pts each) and “Yes, sometimes” (1 pt each) Total Score = __________

* Higher score on the MCSI, the greater the need for more in-depth assessment to facilitate appropriate intervention.

Some do’s and don’ts for effective communication with persons with dementia:

**DO**
- Do use their first name to get their attention
- Do speak in a normal tone of voice at a normal volume
- Do your best to eliminate any distractions such a TV or radio
- Do give short, one sentence explanations
- Speak slowly and clearly
- Allow plenty of time for comprehension
- Agree with them or distract them to a different subject or activity
- Accept the blame when something’s wrong (even if it’s a fantasy)
- Do encourage reminiscing if it is enjoyable to the person
- Respond to the feelings rather than the words
- Be patient, cheerful, and reassuring
- Go with the flow

**DON’T**
- Don’t interrupt
- Don’t reason
- Don’t argue
- Don’t confront
- Don’t question recent memory
- Don’t insist, try again later
- Don’t criticize or correct
- Don’t take it personally

**TRIAGE: What zone is the person in?**

<table>
<thead>
<tr>
<th>ZONE</th>
<th>POTENTIAL CONCERNS</th>
<th>ACTION TO TAKE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green Zone</td>
<td>Coping well</td>
<td>No need for navigation</td>
</tr>
<tr>
<td>Yellow Zone</td>
<td>Needs some assistance</td>
<td>Provide Navigation</td>
</tr>
<tr>
<td></td>
<td>Health Concerns</td>
<td>• Refer to Physician</td>
</tr>
<tr>
<td></td>
<td>Behavior Concerns</td>
<td>• Refer to Psychologist or Psychiatrist</td>
</tr>
<tr>
<td></td>
<td>Wandering Concerns</td>
<td>• Refer to Safe Return Program</td>
</tr>
<tr>
<td></td>
<td>ADLS Assistance</td>
<td>• Refer to ADRC</td>
</tr>
<tr>
<td></td>
<td>Nutrition Concerns</td>
<td>• Refer to Nutritionist, Meals on Wheels</td>
</tr>
<tr>
<td></td>
<td>Transportation Concerns</td>
<td>• Refer to HandiVan or HandiCab</td>
</tr>
<tr>
<td></td>
<td>Driving Concerns</td>
<td>• Refer to Driving Rehabilitation Specialist or Occupational Therapist</td>
</tr>
<tr>
<td></td>
<td>Fall Concerns</td>
<td>• Refer to Physical Therapy, Fall Prevention Programs</td>
</tr>
<tr>
<td></td>
<td>Caregiver Burnout Concerns</td>
<td>• Refer to Alzheimer’s Association, Caregiver Support Groups</td>
</tr>
<tr>
<td></td>
<td>Advance Care Planning</td>
<td>• Refer to Social Worker or Primary Care Provider</td>
</tr>
<tr>
<td></td>
<td>Legal Concerns</td>
<td>• Refer to Elder Law Attorney</td>
</tr>
<tr>
<td></td>
<td>Family Conflict</td>
<td>• Refer for Family Mediation or Social Worker</td>
</tr>
<tr>
<td></td>
<td>Elder Abuse Concerns</td>
<td>• Refer to Adult Protective Services</td>
</tr>
<tr>
<td></td>
<td>Medical Insurance and Financial Concerns</td>
<td>• Refer to Department of Human Services Med-QUEST, Social Security Administration</td>
</tr>
<tr>
<td></td>
<td>Late Stage Dementia</td>
<td>• Refer to Hospice</td>
</tr>
<tr>
<td>Orange Zone</td>
<td>Highly Complex Case</td>
<td>Discuss with Supervisor and Refer for Case Management</td>
</tr>
<tr>
<td></td>
<td>Needing Placement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Determination of Capacity &amp; Competency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Multiple Hospitalizations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Multiple Medical Issues</td>
<td></td>
</tr>
<tr>
<td>Red Zone</td>
<td>Crisis, Safety Risk, Elder Fraud, Abuse or Neglect</td>
<td>Call 911 or APS</td>
</tr>
</tbody>
</table>

Hawai‘i Memory Care Navigator Roadmap
DEMENTIA SUPPORT

Hawai‘i Alzheimers’s Disease Initiative

A PROJECT OF THE UH CENTER ON AGING

www.hawaii.edu/aging/hadi
### Help with Diagnosis and Behavior Management

Refer to specialist as needed
- Neurologist (dementia focus, if possible)
- Geriatric Psychiatrist
- Geriatrician
- Screening diverse populations: [www.actonalz.org/screening-diverse-populations](http://www.actonalz.org/screening-diverse-populations)

### Counseling, Education, Support & Planning

Links to Community and Online Resources
- Alzheimer's Association – Aloha Chapter 24/7 Helpline at 1-800-272-3900 or [www.alz.org/hawaii](http://www.alz.org/hawaii)
- Hawaii ADRC (Aging & Disability Resource Center) statewide at 643-ADRC (2372). TTY line: 643-0889. OR go to [www.hawaiiadrc.org](http://www.hawaiiadrc.org) “Professionals & Service Providers”
- Provide Alzheimer's Association Basics of Alzheimer’s or Aloha Chapter brochure
- For materials in different languages, go to Alzheimer’s Association ([www.alz.org](http://www.alz.org)), and click on “Languages” on the upper right section of the screen.
- Alzheimer’s and Dementia Caregiver Center: [www.alz.org/care/](http://www.alz.org/care/)
- TrailMatch® [www.alz.org/trialmatch](http://www.alz.org/trialmatch) (Clinical Trials)

### Stimulation/Activity/Maximizing Function

Daily Mental, Physical and Social Activity
- Adult Day Services (Appropriate for Mid- to Late Stage Dementia)
- Sensory Aids (Hearing Aids, Pocket Talker, Glasses, etc.)
Driving
- Refer To Driving Rehabilitation Specialist or Occupational Therapist for Clinical and/or In-Vehicle Evaluation
- Understanding Dementia and Driving: www.thehartford.com/mature-market-excellence/dementia-driving
- Family Conversations About Alzheimer’s Disease, Dementia & Driving: www.thehartford.com/alzheimers
- At the Crossroads Guidebook: www.thehartford.com/mature-market-excellence/order-guidebooks
- Dementia and Driving Resource Center: www.alz.org/care/alzheimers-dementia-and-driving.asp
- Fitness to Drive Screening Tool: www.aarp.org/home-family/getting-around/driving-resource-center/info-08-2013/fitness-to-drive-screening-tool.html

Fall Prevention
- Preventing Falls Among Older Adults http://health.hawaii.gov/injuryprevention/home/preventing-falls INFORMATION/

Wandering
- Wandering and Getting Lost: http://www.alz.org/care/alzheimers-dementia-wandering.asp

Medication Management
- Identify All Medications, Including Over-the-Counter Medications, Vitamins and Herbal Remedies
- Use a Tool Like "My Medicine List", www.hawaii.edu/aging/hadi and Share the List With Health Care Team

Legal/Financial
- Encourage Patient to Assign Durable Power of Attorney; Elder Law Attorney as Needed
- UH Elder Law Program Health Care Decision Making: www.hawaii.edu/uhelp/healthcare.htm
- Deciding What’s Next and Who in the World Cares? Booklet: www.hawaii.edu/uhelp/publications.htm
- Hawaii State Bar Association Lawyer Information & Referral Service: http://hawaiilawyerreferral.com
- Legal Aid Society of Hawaii: www.legalaidhawaii.org
- Consumer Credit Counseling Service of Hawaii: http://cccsfhawaii.org

Elder Abuse, Neglect and Fraud
- Adult Protective Services: http://humanservices.hawaii.gov/ssd/home/adult-services/
- Elder Abuse Justice Unit, Office of the Prosecuting Attorney: Honolulu: (808) 768-6452, www.elderjustice.com; Hawaii County: (808) 934-3461; Maui County: (808) 270-7777; Kauai County: (808) 241-1888

Advance Care Planning

Hawaii Advance Care Planning and POLST Forms:
- Kokua Mau: Hawaii Hospice & Palliative Care Organization: www.kokuamau.org

Adapted from ACT on Alzheimer’s® developed tools and resources.
This document was supported in part by a cooperative agreement No. 90AL0011-01-00 from the Administration on Aging (AoA), Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official AoA, ACL, or DHHS policy. Form version 3.10.16

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