

## Summary of Content Planning for 'Non-Pharmacologic Interventions in Dementia' Surveyor Training Session:

The session will include the following topic areas-

- Explanation that behaviors are a form of communication/expression
- Facts about the iatrogenic effect of medications – Involving law and evidence-based research and how, at best, antipsychotic medications are only modestly effective and often harmful
- Information pertaining to how individualized non-pharmacologic interventions benefit residents, without harm
- Good care can be provided with the same number of staff
- What does a good process look like? Show the surveyors models of positive outcomes to demonstrate how quality care should be
- Each non-pharmacologic intervention must be multi-determined and individually expressed; There is no one right intervention technique; Provide examples of both good and bad non-pharmacologic approaches; demonstration of how non-pharmacologic interventions should and can be linked to customary routines
- Explanation of root cause analysis; Do surveyors and facilities know how to properly complete this?
- For any adverse situation, where was the root cause analysis and cause specific intervention?; Appropriate place to incorporate QAPI
- Discussion of a revised survey process to allow for better focus (ex- a tool that can be used)
- Tools – For instance, if a surveyor has questions about what they are seeing in a facility; A tool that will provide background information and will assist in determining what questions to ask

- Change the default perspective; Look at survey protocol (ex- physical restraints); Eliminate what isn't an acceptable medical condition; Provide narrow examples to make it clear that the use of antipsychotic medications is only acceptable under specific circumstances and examples of when it's not appropriate
- Utilization of a resident case scenario where critical thinking skills and interpretive guidance is used effectively
- Teach surveyors what the natural progression of dementia includes; Provide hand-in-hand training to surveyors, as well as CNA's
- Provide examples related to statements of deficiencies and plans of correction

### **Surveyor Training Breakdown-**

1. Paradigm shift in default
  - a. Establish rationale
  - b. Remind of history (physical restraints)
2. Facts
  - a. About drugs
  - b. Individualized care/ customary routines
3. Case study
  - a. Root cause analysis of true causes – analysis of the context
    - i. What are contributors to distress?
    - ii. What are non-pharm options?
    - iii. Of environment
    - iv. Of progression of dementia and of behaviors – who's problem is it?

b. What does good look like?

i. What are viable approaches?

ii. Even a person living with severe dementia related symptoms people can experience a positive quality of life

10 min	We've been there before – restraints – and now's a new moment  You made a difference, you can do it again – and it was hard, and worth it – it was possible – this is another paradigm shift – for everyone – this is the same  start with a typical scenario they see now and say this will help them have a way to respond differently so surveyors are hooked – what regs are we talking about
15 min	What is the shift – what are we seeing differently  Experiential – exploring the world from a resident's perspective  Create the aha moment about the resident experience of dementia/mental health – what is being expressed

15 min	Science of meds and standard of practice/standard of care – on non-pharm because harm of drugs is high and harm of non-pharm is low
15 min	Scenarios – problem solving – and what good looks like – in scenario <b>ask the questions you'd like the surveyor to ask</b> – new critical thinking and link to individualized care

5 min	What questions would you ask – tie to regs (329, QL, QAPI)
5 min	Where to go for more info and what's next – more training – come back or go to videos for more scenarios and what good looks like

**Suggestion:** Mandate surveyors to attend an all-in week for training on the Hand-in-Hand videos and other roll-outs