

Partnership to Improve Dementia Care in Nursing Homes Suggestions for Provider Checklist				
% of residents in facility on atypical antipsychotics: ____ Quality Measure State Percentile Rank – antipsychotics: ____				
Estimated Target for improvement in Quality Measure (reduce rate by X% by X date): _____				
	YES		N O	
Staff in all departments is trained in person-centered care for persons with dementia and how to respond effectively to challenging behaviors (access sample training programs on Advancing Excellence website; Hand in Hand)				
At admission, information is obtained from the resident, family, and/or caregivers on the resident’s preferences, routines, pre-dementia personality and social patterns, responses to stress, and effective interventions				
The information obtained at admission on the resident’s preferences/routines is conveyed in person (not simply in writing) on the day of admission by admissions or social service staff to the resident’s direct care nurse and Certified Nursing Assistant(s)				
This information is integrated into the care plan and may be revised over time as the resident’s condition and needs change				
Interviews with staff demonstrate that they have implemented and are following the care plan and are continuing to ask for input from family members or care givers				
Facility has consistent staff assignments (same Certified Nursing Assistant to same resident 5 days/week)				
Certified Nursing Assistant to Resident Ratio 1 st shift/2 nd shift/3 rd shift				
Senior leadership (Nursing Home Administrator, Director of Nursing, Medical Director) attend care plan meetings periodically for residents with Behavioral & Psychological Symptoms of Dementia				

“Yes” answers require supporting documentation and visual confirmation by quality improvement personnel.

Input from the Medical Director, Consultant Pharmacist, and Certified Nursing Assistant is sought surrounding resident's care plan meetings				
Providers manage outreach, scheduling, and education to the resident's family and strongly encourage their participation in care plan meetings (offering to use conference calls when the family cannot be in physical attendance)				
Nursing Home Administrators and Directors of Nursing review quality measures every month and use Quality Measures report to identify residents needing alternative care interventions and oversee their implementation				
Each month, Nursing Home Administrators and Directors of Nursing review Quality Measures report, along with the Pharmacy Consultant report, to identify residents appropriate for possible reduction/elimination of antipsychotics (see companion form)				
Nursing Home Administrators & Directors of Nursing review Pharmacy Consultant's report quarterly with Consultant Pharmacist and Medical Director to track and trend data				
Direct care staff (Certified Nursing Assistants), together with the family and care plan team, is involved in the process to develop effective, person-specific interventions to address behavioral symptoms				
If any resident is admitted on an antipsychotic or is started on an antipsychotic after admission, the Consultant Pharmacist reviews that resident's care plan, including all medications, within 24-48 hours				
A documented process is in place and is utilized, when initiating the prescription of antipsychotic medications (e.g., standard order set, decision support algorithm)				
The facility provides at least two different levels of activity programs twice daily (one for higher functioning residents and one for lower functioning residents) and individualized activity options consistent with the interests and preferences of residents				

“Yes” answers require supporting documentation and visual confirmation by quality improvement personnel.