

## 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: \_\_\_\_\_

	YES	NO
Staff in all departments, are trained in person-centered care and how to respond effectively to behaviors (access sample training programs on Advancing Excellence website; Hand in Hand).		
In addition to medical and psychiatric history, recent changes in behavior or cognition and other standard clinical evaluations, at admission information is obtained from the resident, family, and/or caregivers on the resident’s preferences, routines, pre-dementia personality, social patterns, responses to stress and effective interventions.		
The information obtained on during the admission process is conveyed to direct caregivers.		
This admission 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, continue to seek input from family members or care givers for unresolved issues, and communicate with practitioners regarding change in condition or new or persistent symptoms.		
If a resident is placed on an antipsychotic medication, there is documentation in the record that the resident or appropriate legal representative was involved in the decision.		
Facility has consistent staff assignments (same Certified Nursing Assistant to same resident 5 days/week).		
Certified Nursing Assistant to Resident Ratio 1 <sup>st</sup> shift/2 <sup>nd</sup> shift/3 <sup>rd</sup> shift		
Senior leadership (Nursing Home Administrator, Director of Nursing, Medical Director) attend care plan meetings periodically for residents with unresolved behavioral or psychological symptoms of dementia.		
Interdisciplinary team seeks input at care plan meetings from the Medical Director, Consultant Pharmacist and Certified Nursing Assistants for residents with behavioral or psychological symptoms.		
Providers conduct outreach and education to the resident’s family and strongly encourage their participation in care plan meetings (offering to flex the schedule or use conference calls when the family cannot physically be in attendance).		
Nursing Home Administrators and Directors of Nursing review quality measures (e.g., monthly) and use the Quality Measures report to identify residents who may need alternative 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. The review of aggregate data should be combined with real-time, case-based information and input from practitioners.		
Nursing Home Administrators and Directors of Nursing review Pharmacy Consultant’s report quarterly with Consultant Pharmacist and Medical Director to track and trend data.		
Direct caregivers (Certified Nursing Assistants), together with the family and care plan team, is involved in the process of developing and implementing 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, along with the practitioner, reviews that resident’s care plan, including all medications, within 24-48 hours.		
A documented process is in place and is utilized when initiating an antipsychotic prescription (e.g., standard order set, decision support algorithm, routine monitoring recommendations, etc.).		

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