

Making the Connection to the Critical Element Pathways

Behavioral and Emotional Status

When you provide care that focuses on Supporting the Emotional Well-Being of Individuals Living with Dementia and use the guidance provided in the new Alzheimer's Association Dementia Care Practice Recommendation, we believe that you will find that as you review the Critical Element Pathway, you are meeting regulatory requirements.

In addition, a focus on person-centered care and working as a team, the items identified as you review the Critical Element Pathways can guide you in defining opportunities for quality and process improvement.

If you identify gaps in your program, we encourage you to use the information included in this webinar and in the Alzheimer's Association to help you in developing systems and processes that support person-centered practices and regulatory compliance.

Behavioral and Emotional Status Critical Element Pathway

Page 1: *Review the Following in Advance to Guide Observations and Interviews*

1. The assessments conducted at move-in, quarterly and with change of condition need to address the resident's current conditions, cognitive patterns, mood, behavior, Functional Status, Diagnosis, and treatment.
 - a. This is most accurately accomplished when assessments are based on in-put from the entire team, including the resident and family.
 - b. Observation as a component of the assessment is critical in order to get to know and understand the needs of an individual living with dementia.
2. Work with the physician, nursing team and the individual who does your ICD-10 coding to assure you have captured the appropriate diagnosis.
3. Care plan needs should reflect the individual with goals and interventions that are what THEY would want. Avoid the use "generic" needs/goals and interventions.
 - a. Focus on meaningful engagement and define approaches that provide purpose

Note: For assessments to be meaningful, it is critical that every member of the care team have a working knowledge related to dementia, the challenges of communication for those living with dementia and techniques for effectively communicating with and responding to a resident living with dementia, including when they are showing expressions of or indicating distress.

Page 1: *Observation Across Various Shifts*

1. For residents who have been identified by the team as exhibiting expressions or indications of distress, has this, along with the plan for how to approach the individual, been shared with the care team? (Have you used person-centered practices like team huddles to keep staff current with resident needs and how to address them?)

2. Has the care plan been shared with the entire team?
 - a. The best way to assure that the entire team KNOWS the care plan is to involve them in CREATING the care plan!
4. Do you process support on-going feedback from the staff to address the effectiveness of approaches used to address distress in individuals living with dementia? Are staff empowered to make changes?
5. Review your organization's practices and consider whether they are a source of distress for residents. (i.e. are there noises in the environment from over-head paging, alarms, TVs. busy nurses station, shift-change activities, etc, that cause distress? Are you waking residents up to give them pills? Do different staff care for residents each day?)

Page 2: *Resident, Family and/or Resident Representative Interview*

1. Use these interview questions to guide your conversation when you meet with residents and/or families.
2. Consider that person-centered practices include the resident and family as members of the care team. For them to be effective members of the team, consider a few things:
 - a. Are there educational needs related to dementia? These needs are much the same as what your staff needs to know.
 - b. Have you included the family in helping you know the resident? Is the Life Story a living document providing true insight into the individual or is it merely a list of daily routines, or a tool used by marketing to make the family feel better? Most importantly, if you have obtained a life story, have you shared it with the entire team and has the team applied what they have learned from it to the care plan?
3. If you have included the resident and family, they will know be knowledgeable when the surveyor interviews them.

Page 2: *Staff Interviews (IDT) across Various Shifts*

1. Has your staff received training as indicated above? Have you considered ALL staff who need training - i.e. housekeeping, dining, receptionist, maintenance, etc.
2. If you staff has been involved in the care planning process as described above, they will be knowledgeable when interviewed.

Page 3: *Record Review*

1. Review your assessment, care planning and processes for routine interdisciplinary notes. Are the consistent in the story they tell about the resident, and specifically about any distress the resident might exhibit? Are the approaches consistent with the care plan? Is there documentation of their effectiveness, and if not effective, are there appropriate changes made and noted?

Page 3-4: *Critical Element Decisions*

1. Present these questions to your QAPI team for review and use them to help identify gaps in your program and services, generating Performance Improvement Plans (PIP) as needed.
 - a. Don't forget to include staff from all disciplines and shifts in your review and in the PIP.