
Reducing the Use of Antipsychotics in NWO Skilled Nursing Facilities
"KTL PROJECT"

Final Report

To

The Ohio Department of Medicaid

Prepared by:
Waugh Consulting, LLC
Diana Waugh
July 9, 2019

EXECUTIVE SUMMARY

Reducing the usage of antipsychotic medications in SNF residents has been a focus of providers, regulatory and payment agencies, and consumer advocates since 2011. Antipsychotic usage in the long stay SNF populations are measured through Quality Measures (QMs) developed by the Centers for Medicare and Medicaid Services and endorsed by the National Quality Forum. Reduction in the usage of antipsychotic medications is a key element of the 5 Star rating system.

The project set forth the goal to reduce the use of antipsychotic medications in skilled nursing facilities (SNF) of Northwest Ohio by implementing non-pharmacological tools and approaches to improve the lives of residents at SNF.

Changing previous perceptions of dementia care is challenging. The project was structured over ten (10) quarters to empower participants through the use of formal educational sessions coupled with the ongoing support.

Beginning January 2017, WACON provided a detailed description of the goals of the grant; the action steps that the facilities could expect as well as the expectations of the participating facilities through the duration of the grant. See the description shared on the webpage. Attachment #1

Participating SNF received approved Continuing Educational hours, Reality Comprehension Clock Test (RCCT 1999 Brock, B., et al) Certification and resource materials each year of the grant project from to support the implementation and utilization of a standardized cognitive assessment and non pharmacological tools and to accomplish their individualized goal. Facility goals were based on SNF QM score of January 2017.

The project took into consideration participant attrition and provided online educational replacement classes that were held in 2017 and 2018 to assure the participating facilities had staff to continue the project.

Believing the more the participants are invested in the project the more likely it is they will strive to be successful, there was a suggestion to give the project an unofficial but easier name to say! The name selected by the facilities that wished to do so was KEYS TO LIVING (KTL) PROJECT. Use of that name was totally voluntary but was picked up by quite a few facilities.

All components were completed as stated on the timeline set forth in the proposal.

PLANNING/IMPLEMENTATION

Responsible Parties

The following individuals were responsible for implementing the grant project:

- Educational Sessions: Diana Waugh and Barbara Brock
- RCCT Certification and approved CEU's: Barbara Brock, Published Research Author and owner of Communication Art, Inc. and consultants. Education included certification of the Reality Comprehension Clock Test (1999 RCCT. Brock., B., et al) a standardized cognitive assessment, training for non-pharmacological behavior management program
- Technical Support: Barbara Brock
- Memory Care Consultants: Belinda Cytlak, Tammy Fitch, Sandy Soditch and Diana
- Facility Staff and Family Education: Memory Care Consultants
- Accounting: Debi Huffman
- Data Collection and Analysis: Diana Waugh

Participant Selection

The grant was structured to select two participants from each of 40 facilities for a total of 80 participants. An invitation to participate was sent to the administrators of all facilities in northwest Ohio. Each facility administrator wishing to participate voluntarily submitted the names of the participants they selected. As stated in the project description (Attachment #1) the duration of the project was from January 1, 2017 through June 30, 2019. Once the participant names were submitted, a letter of agreement was sent to the facility administrator which stated "I _____ as the administrator of _____ wish to have my facility participate in the Antipsychotic Use Reduction in Skilled Nursing Facilities in Northwest Ohio grant project". I agree that we are dedicated to completing the educational sessions required, to completing RCCT assessment data as required, to utilizing that information in the care planning process and to utilize the non-pharmacological tools and approaches provided." All facility administrators signed the letter of agreement.

Educational Sessions

Education focused on implementation of non-pharmacological management of behaviors utilizing a Cognitive Care Model including the RCCT as an integral part in development of individualized plans of care.

March 2017

All 80 participants attended the initial two-day educational sessions which provided education on the following components:

- RCCT – Certification, 6.5 CEU's, RCCT Resources, Cognitive Status, Risk of Fall and Cognitive Functional Age Assessment.
- I WAS THINKING book - gathering conversation starters
- Use of photo book - reminiscing
- Gift of Purpose cognitive sessions - brain exercises. Match residents' skill level for success.
- Question of the Week/day – Gift of Purpose Reminiscing conversation starters
- Chatter Bags – Gift of Purpose Sensory conversation starters
- Non-pharmacological interventions - refraining from asking a resident with short-term memory loss a short-term memory question while utilizing the resident's intact memories

Within 2 months of the March 2017 educational session four (4) facilities left the project. Their QM progress was tracked throughout the project.

October 2017

In October of 2017 the first two-day replacement class was held online with the goal that each participating facility had two participants. Sixteen (16) replacement participants completed online classes which provided the same information shared in the March 2017 session.

March 2018

In March 2018 Sixty-five (65) participants attended the one day face to face update class. Attendees received RCCT certification, 4.0 approved CEU's, training in management behavior program and educated in components of Cognitive Care Model. They received additional resource materials from WA-

CON and Communication Art, Inc. to further utilize the use of the non-pharmacological tools at their facilities to replace the materials they had used during the first year.

October 2018

In October of 2018 the second two-day educational replacement class was held online to insure that each participating facility had two participants. Fifteen(15) replacement participants completed online classes which provided the same information shared in the March 2017 session.

March 2019

In March 2019 Sixty-eight (68) participants attended the one day face to face update class. Attendees received RCCT certification, 4.0 approved CEU's, training in management behavior program and educated in components of Cognitive Care Model. They received additional resource materials from WACON and Communication Art, Inc. to further utilize the use of the non-pharmacological tools at their facilities to replace the materials they had used during the first year.

Materials

At the completion of the March 2017 educational session the resource and supportive materials to make the project work for them were given to the participants for each participating facility. See Attachment #2.

Since the RCCT assessments and the I WAS THINKING books were completed with residents, additional supplies of those items were provided to each facility at each of the face to face meetings. Additional sets of the Gift of Purpose books containing different topics for brain exercise programs were also given to the facility participants.

Technical Support

Barbara Brock, the creator of the RCCT and the Gift of Purpose brain exercise program, provided one to one consultations for participants that supported their implementation and utilization of the cognitive tools during the three years of the grant. Individualized telephone/internet consultations gave healthcare professionals the opportunity to obtain additional RCCT training that assisted them in perfecting their skills of the RCCT scoring method, interpretation of RCCT clock drawings and knowledge to conduct the non-pharmacological brain exercise contained in the "Gift of Purpose brain exercises. She was instrumental in making them realize their ability to accurately score the RCCT and recognize the significance of it's cognitive

data when creating residents plan of care. The participants relayed the RCCT cognitive information to the interdisciplinary team.

Memory Care Consultants

After completion of the March 2017 two day face to face educational sessions the Memory Care Consultants visited each facility monthly to met with the facility participants either in a face to face meeting at the facility or via a teleconference. During those exchanges progress toward the facility QM goal was discussed as well as progress in utilization of the RCCT, Gift of Purpose and non-pharmacological behavior interventions. Barbara Brock was also available to the Memory Care consultants to answer any questions regarding the RCCT or Gift of Purpose brain exercises. They also collected data on project component utilization which was utilized to create the quarterly project summaries throughout the project. This continued throughout the project

As the Memory Care Consultants met with the participants the following actions were discussed and when needed they assisted in implementation:

- Staff education on implementation of non pharmacologic behavior interventions
- Knowledge of RCCT and its' data
- Family/community education on memory loss & successful conversations
- Admission protocol to include completion of the RCCT; the I WAS THINKING book, photo book
- Utilization of the Gift of Purpose brain exercises
- Policy creation - how the facility was going to utilize process
- Announcement to community - about participation in grant

As the facilities worked to reduce their antipsychotic medication usage, the memory care consultants assisted the participants to look at the number of residents on these meds during each visit. In addition they discussed the efficacy of considering discussing the pre-admission presence of the medication to see if it could be discontinued prior to admission if it had only been in place a few days. Simply requesting accountability monthly on the antipsychotic medications might have been beneficial to their reduction efforts.

Staff/Community Education

In order to reduce the negative effects caused when staff and family members attempt to interact with those with memory loss without knowing and utilizing the resident's ability to respond successfully, the memory care consultants provided staff and family education sessions. These sessions focused on knowing the resident's strengths and refraining from asking a person with short-term memory loss a short-term memory question.

Each facility was provided with a set of DVDs for use with staff/community education to utilized in educational sessions for staff and family that they wished to teach themselves. Many of the community educational opportunities were completed during care planning meetings rather than a formal educational setting.

Ongoing Data Collection

Each month the memory care consultants gathered data on utilization of the various tools provided to the facilities. Although it was the belief of the grant project that all tools were vitally important to success, each facility chose which tools they wished to use. Those decisions were discussed with the memory care consultants who encouraged them to at least give each component a try before locking in on certain ones. The final data totals are on Attachment #3

Tools added during project

As the project progressed several additional tools were added by the project creators and project participants for utilization by other participants.

Hot Topic Email

In order to keep the facilities apprised of updates on the issue of antipsychotic medication a Hot Topic Email system was created. These emails were sent to administrators and participants as they occurred.

Resource page

Since all facilities were striving to utilize the tools of the Cognitive Care Model and behavior management program provided to them, a resource webpage was provided to share boots on the ground information. Everyone was encouraged to share successes if they wished. This page included articles added by individuals in charge of the grant project as well.

- Letters to Families

- Letters to doctors
- Announcements
- Current articles of interest
- Pictures of KTL in action
- Forms from the MCC Consultants and Facilities
- Policy examples
- Contact information for facilities offering to help

Attachment #4

RCCT Data Sheet

Communication Art, Inc. developed a cognitive care worksheet during the grant period. The worksheet was named the RCCT Apply Data Sheet and is used internally at the SNF. The form directs healthcare professionals to investigate and record deficits in residents RCCT clock drawings then determine which intervention focuses on that deficit. The exciting part is when the form is completed it outlines the cognitive issues that can be applied to the residents' plan of care!

TRAINING/EDUCATION

Since a mindset change works best if the heart is “in the game”. For that reason the memory care consultants focused on the success stories. There were many, many of those. A few were shared on the quarterly reports but those were only a sample of the good news resident stories. Residents who hadn’t spoken were speaking when their cognitive functional age was matched to staff interactions, family interactions Gift of Purpose brain exercises that they participated in on a regular basis. Learning who the resident is as people from the family input with the I WAS THINKING book made for several tearful, wonderful moments.

Those that embraced the “Don’t ask a person with short-term memory loss a short term memory question” realized how they talk with residents makes all of difference. When using the resident’s history and the staff were able to show “they had the resident’s back”. Even though the person didn’t know the staff person (due to their loss of memory) when asked about something very important to them their eyes sparkled and they demonstrated a calm, contented feeling.

The participants who were able to share their successes and make other staff successful were proud and pleased with their work.

Very few residents that had their antipsychotic medication discontinued acted out in a manner that required them to be placed on the medication again. It was very obvious to those participants that knowing the resident and having knowledge of their cognitive functional age worked much better than medicating them.

It wasn’t surprising that participants that demonstrated they were unsure of their impact were not as successful. In situations where the participants didn’t feel supported by the facility management the successes didn’t happen.

To a facility it was obvious that the support of the administrator and the DON were vital to success. Administrators and DON who attended the monthly meetings changed the dynamic in the facility. The data supports that successes were linked to management belief in and support of the grant project.

DATA ANALYSIS/OUTCOMES

The project's primary goal was to effect a reduction in the antipsychotic QM score. The January 2017 Nursing Home Compare data was utilized to create a baseline for each facility.

The reduction goals were set as follows:

- A 15% reduction in the QM score for facilities with an initial QM score of 20.6% or higher.
- A 5% reduction in the QM score for facilities with an initial QM score of less than 20.6%.

Since joining the project was voluntary and decided by the facility it was interesting to note that of the 40 facilities, 23 began the project with a 5% reduction goal. The list of 23 facilities contained:

- Two of the four facilities that dropped within 2 months
- One of the facilities that dropped in the last year
- The facility with the largest reduction score of 89.8%
- Five facilities were in the top ten facilities according to their percentage of reduction in their QM score
- Six of the facilities that did not meet their goal and increased their QM score
- The list of 17 facilities with a 15% reduction contained:
 - Two of the four facilities that dropped within 2 months
 - One of the facilities that dropped in the last year and did not meet their goal
 - The facility that had the second largest reduction score of 84.5%
 - Five facilities were in the top ten facilities according to their percentage of reduction in their QM score

The one difference is that the five facilities that did not meet but their goal but increased their QM score were all in the 5% group.

Overall QM Reduction Success Rate

Thirty-four facilities completed the project with 82.4% meeting their goal.

The four facilities that never got started showed a 75% QM reduction success rate.

The two facilities that left the project in the last year showed a 50% QM reduction success rate.

All 40 facilities were ranked based on their QM score reduction with the number 1 facility being the one with the greatest reduction (89.9%) and the number 40 facility being the one with the no reduction but a increase of 51%.

The placement of facilities that met their goal, on the 1-40 list, as follows:

- Facility Ranking 1-10 = 10
- Facility Ranking 11-20 = 10
- Facility Ranking 21-30 = 10
- Facility Ranking 31-40 = 2

The facilities that did not meet their goal spread as follows:

- Facility Ranking 1-10 = 0
- Facility Ranking 11-20 = 0
- Facility Ranking 21-30 = 0
- Facility Ranking 31-40 = 8

The number 1 facility reduced their QM score by 89.8% from 15.7 to 1.6.

The number 40 facility increased their QM score by 51% from 9.8 to 14.8. This facility was one that dropped out of the project within 2 months of its inception.

The numbers support the impact of the grant project when reviewed against all 40 facilities that initially started the project.

Additional Data Review

The hypothesis was obtaining RCCT certification, utilizing its cognitive data, and learning non-pharmacological interventions that would assist in the reduction of antipsychotic medications. In an effort to quantify actions leading and/or resulting from antipsychotic medication reduction several other facility actions were captured over the course of the grant project.

Several of significance were:

- Percentage of medical directors that were informed and supportive 85%
- Percentage of facilities that utilized the Gift of Purpose component - 85%
- Number of RCCT assessments completed and shared - 948

- Number of residents who had an antipsychotic medication prior to admission which was dropped prior to admission over the life of the grant - 115. Although this number remains small, it was 1 on the initial data collection in the 2nd Quarter of 2017.
- Percentage of facilities utilizing Gift of Purpose Chatter bags - 78%
- Percentage of facilities utilizing Gift of Purpose Question of the Day - 47%

All other components were utilized at a lower level, but were utilized.

The component that was utilized least was the Policy Creation at 18%.

See Attachment #5

Closing Summary

The goal on the grant

At the initiation of the grant project creation it was hoped that the lives of residents would be improved with antipsychotic medication reduction and utilization of a Cognitive Care Model and non-pharmacological behavior management interventions. Based on the statistics and the resident stories shared, this became a reality.

Through participation in the grant project the majority of facilities realized significant reductions in their antipsychotic medication QM score. Those facilities with strong management support were consistently striving to change their mindset and that occurred. Several participants shared that they didn't think it was going to be possible, but as they experienced success they were energized to go forward. Several facilities extended their staff education to include admitting hospital personnel. The addition of the Cognitive Care Model and its information helped SNF improve dementia care and lead to a higher degree of trust and confidence among resident's family members.

Anecdotal information supported the successes gained when family members learned how to communicate in a manner that reduced resident agitation and feelings of frustration which previously had led to behavior issues. Having the support from the constant contact of individualized consultations, face -to-face interactions and discussions on a monthly basis kept the project real and alive. The hope is the change that has occurred and the participants will remain active due to the months of opportunity and dedication to learn, to fail, to try again and to see and experience the results.

Challenges

A few challenges remain:

- Staff turnover
- Staffing levels
- Census focus
- Lack of management support
- Lack of realization that the majority of the residents have memory loss

All of these could be the subject of welcome future grant projects..

Change potential

A couple of actions that could be changed in the future would include:

Working with the management team ahead of time as they determine who the participants will be. In several situations the individuals that were sent originally were not appropriate to carry the project forward due to their already busy schedules.

Make the presence of the management team in the monthly meetings a top priority throughout the grant. Facilities with a high success rate had that support throughout and it made a striking difference.

Sustainability

The components learned and practiced by participants will be sustainable as long as the individuals are supported to do what they have learned. Staffing and census issues have taken some of the most dedicated participants to shortened hours and increased workloads which puts continuing in question. Unless and until long term care management realizes that with more than 65% of the residents exhibiting memory loss, they have no choice but to become dementia experts.

Many inroads were made into that thinking and facilities actually did some statistical work and realized that they have more individuals with memory loss than any other diagnosis. This has been true for quite some time, but in light of the emphasis on care of these individuals, it is hoped that the knowledge and tools imparted through the grant project will be seen as a means to serving those entrusted to their care.

Contact Information

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waughconsulting.info

Waugh Consulting:

Value - A life with purpose

Vision - Commitment to educate family member caregivers and professionals to

the level of expert in memory care

Mission - In fulfillment of this vision we are accessible nationally to provide:

*seminars presented in a straightforward and humorous manner while offering

innovative solutions with creative ideas for ongoing improve

*educational materials that are reality based and immediately useable

*consultation with both family member caregivers and professionals dealing with

elders suffering from memory loss

"Reducing the Use of Antipsychotics in NWO Skilled Nursing Facilities"

You ARE a Part of the Change-Welcome Aboard!

You are a part of a project that will assist, you, the health professionals in skilled nursing facilities, to reduce the use of antipsychotic medications while increasing the use of non-pharmacological behavior management interventions!

EXPECTATIONS:

2017 OUR PART - We will provide:

1. Two (2) day Kick-off Educational Session, March 15 & 16, 2017 to empower you to:

- Describe the causes of behaviors including staff precipitated behaviors.
- Identify the impact reduced cognitive abilities has on residents' cognitive functioning skills.
- Discuss the administration of standardized RCCT in long term care settings.
- Demonstrate scoring process for the RCCT as reported on the Cognitive Reporting Form.
- Discuss the significant potential deficits revealed through RCCT result.

- Describe the impact of the RCCT results on care planning.
 - Explain components of the Communication Program's Brain Exercise Curriculum.
 - Describe implementation of Communication Program's Brain Exercise curriculum and the evaluation process.
 - Discuss resident performance evaluation and score utilization.
 - Describe additional non-pharmacological interventions that can be employed.
2. 6.5 contact hours approved for Nurses, OTs, Social Workers & Activity Directors
 3. All Support Materials, i.e. books, DVDs, manuals, assessment documents
 4. Ongoing monthly consulting from their Memory Care Consultant.

2017 YOUR PART - You will provide:

1. You have given us your assurance that the required assessments will be completed quarterly as directed; the assessment data will be utilized in resident care planning to address behavioral challenges and non-pharmacological tools will be utilized
2. You will inform residents and families of your involvement in this grant project.

3. Your participants will attend the two (2) day kick-off session which will be:

March 15 and 16, 2017 from 8am till 5pm each day at the Garden Inn by Hilton, 6165 Levis Commons Blvd, Perrysburg, OH 43551.

NOTE: Thanks to you, snacks will be provided during the conference. Lunch will be participant's expense. Ohio Department of Medicaid tells us that food is not allowable as a grant expense.

4. After the your participants complete the class they will carry the project forward **through June 30, 2019** at your facility by administering the assessments, utilize the results in care planning for the selected residents and select non-pharmacological interventions on an ongoing basis.

5. Your participants will have the Memory Care Consultant they worked with during the educational available to them through on-site and phone/email communications.

6. Your participants will be promoted to periodically submit aggregate data as they work with their Memory Care Consultant.

RESIDENT SELECTION:

In order to select the individuals you want to work with you will need to bring these two MDS reports that show:

1. Residents with a dementia diagnosis as identified on the MDS in Section I-Active Diagnoses; Neurological 14200-Alzheimer's Disease or 14800-Non-Alzheimer's Dementia.

2. Residents on antipsychotic medication as identified on the MDS in Section N-Medications; Medications Received N0410 A-Antipsychotics

3. At no time will we want resident specific information. All information will be aggregate data.

2018 & 2019 OUR PART:

1. One (1) day educational session each year in March

- Updating on all aspects of initial training
- 4.0 contact hours approved for Nurses, OTs, Social Workers and Activities Directors
- Mentoring education to assure continued success after completion of the project

2. Additional support materials

2018 & 2019 YOUR PART:

1. Your participants will attend the yearly educational session in March of 2018 and 2019.

2. Your participants will continue to carry the project forward consistently **through June 30, 2019** at your facility by administering the assessments, utilize the results in care planning for the selected residents and select non-pharmacological interventions on an ongoing basis.

3. Your participants will have the Memory Care Consultant they worked with during the educational available to them through on-site and phone/email communications.

4. Your participants will be promoted to periodically submit aggregate data as they work with their Memory Care Consultant.

FUNDING:

This project has been made possible through a grant from the Ohio Department of Medicaid, using CMP monies. It was awarded to Waugh Consulting, LLC and will be funded through WACON SOLUTIONS, INC.

PROJECT MATERIALS ALREADY AT FACILITY

ITEM
<i>RCCT MATERIALS</i>
RCCT MANUAL
RCCT TEST BOOKLETS (GOT 75 IN MARCH)
TRANSPARENT GRID
QUICK REFERENCE GUIDE
REISBERG'S GLOBAL DETERIORATION SCALE
7 STAGES OF DEMENTIA
RCCT COGNITIVE REPORTING FORM
RCCT FLIP CHART
CLOCKS TELL MORE THAN TIME DVD
<i>GIFT OF PURPOSE MATERIALS</i>
GIFT OF PURPOSE BOOK -TOPIC = WATCHES
GIFT OF PURPOSE BOOKLETS - 12 MORE TOPICS
GIFT OF PURPOSE EVALUATIONS QUESTIONS & SUMMARY
GIFT OF PURPOSE FLIP CHART
<i>NON-PHARMACOLOGICAL INTERVENTION MATERIALS</i>
I WAS THINKING CONVERSATION STARTER BOOK (10 IN MARCH)
I WAS THINK BOOK WITH I'M STILL IN HERE DVD
HEY HELP ME HERE DVD
TALK TO ME DVD
MAGIC TOOLS DVD
BATHING MADE EASY DVD

FACILITY DATA COLLECTION TOOL

MONTHLY DATA COMPONENTS	
# of residents added to KTL Project	
# of RCCTs administered	
RCCT SCORE 62-67	
RCCT SCORE 47-61	
RCCT SCORE 26-46	
RCCT SCORE 5-25	
RCCT SCORE 1-4	
Total Admissions for month	
Residents admitted w/o antipsychotic	
Residents admitted with antipsychotic	
Resident had antipsychotic Med order prior to admission but was not brought forward on admission	
# of residents on an antipsychotic	
# of GDRs in process	
GIFT OF PURPOSE sessions Y/N	
# of I WAS THINKING books completed	
# of photo books completed	
Chatter Bags Y/N	
Question of the Week/Day Y/N	
Answer these only if task not completed	
Inform Medical Director of KTL	
KTL Project Announced to families & community	
Policy that contains usage of the KTL project	
Staff Training on non-pharmacological behavior management interventions	
Family Training on communication techniques	
Quarterly only July, Oct, Jan, April	
QM Score	
Average Monthly Gift of Purpose	
Average Monthly Residents in GOP	

Waugh Consulting, LLC

dementia guidance

Resources

[Grant Information](#) / [Resources](#)

Resources, We Have Resources!

Below is the information we are pleased to share with you. The articles we have added recently have the word (NEW) behind them. Take a look at new pictures at the beginning of the "Pictures" page. Thanks for sharing.

People Resources

Connie Coughlin, LPN, Household Manager connie.coughlin@promedica.org Goerlich Center, Sylvania, Oh	Ann Kahrs, SS fm_socialservices@fulhealth.org Fulton Manor, Wauseon, Oh
Alaire Blair, Activities alaire.blair@manoratperrysburg.com Manor at Perrysburg, Perrysburg, Oh	Michele Bonham, SS michelle.Bonham@bowlinggreenmanor.com Bowling Green Manor, Bowling Green, Oh
Susan Howard, Health Information showard@fulhealth.org Fulton Manor, Wauseon, Oh	

The above individuals are having great success with the project and are more than willing to share what they are doing. Please reach out to them, they are waiting to help.

We will continue to add team members as we move forward. Let us know if you'd like to be on our list!

Article Resources

We have updated this section with only new articles starting April 2019. Take a look!

Title	Size	
Underreporting Of Antipsychotics	55.82 KB	Download
Five Star Rating Changes April, 2019	39.54 KB	Download
Congressional Leader Fears False Diagnosing	824.23 KB	Download

WACON Forms Resources

Of course when talking about forms, you will need to make them your own.

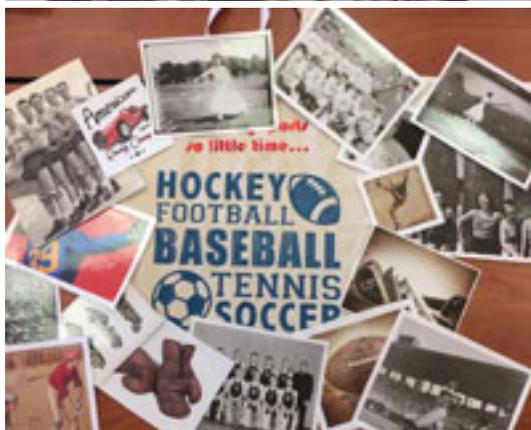
These are simply samples to get you going.

Title	Size	
Process Guide - Grid to Keep Track of Your Progress	27.75 KB	Download
Resident Assessment Guidelines	36.77 KB	Download
FLACC Pain Scale	201.80 KB	Download
Antipsychotic Deprescribing Tool	279.17 KB	Download
Cognitive Functional Age Assessment/Person Centered Intervention Policy Assessment Guidelines/Process	35.11 KB	Download

Pictures

A picture is worth a 1000 words and here are some pictures that might give you some ideas. Thanks to each facility for sharing!

Below you will find pictures of staff and family awareness and education bulletin boards. There are also pictures of our "Gift of Purpose Chatter Bags" and "Chatter Boxes". Click on the thumbnail to view the larger image.







Questions for the week

ny² - to promote conversation between staff and Res and bring back Mem of childhood etc.

lien: Questions will be posted with different theme.



Facility Document Examples

We are really collectors of great ideas. Here are some facility created documents that you might be able to use.

Title	Size	
Otterbein St. Marys re: Chatter Boxes - Poster	161.38 KB	Download
Goerlich Center re: Letter to Staff (NEW)	383.45 KB	Download
Williams County Hillside re: All About You (created from information gathered through completion of the I WAS THINKING book)	1.17 MB	Download
Swanton Health Care re: Question of the day/week	60.68 KB	Download
Bowling Green Manor re: Letter to Families Explaining the Project	98.67 KB	Download
All About Me Worksheet BG Manor (NEW) 4/19	26.70 KB	Download
Fulton Manor re: Letters to Doctors explaining project	153.00 KB	Download
Fulton Manor re: KTL Project Information for Admission Packet (NEW)	276.27 KB	Download

I know there are several facilities that are creating dietary reminders to help with setting up meals for residents with left-sided neglect and PSP. We'll share those as they are completed.

Many hands make light work! Be a part of it!

Send us your pictures and documents and we'll share.

MASTER AGGREGATE DATA FILE FINAL REPORT SECOND QUARTER 2019

COMPONENTS-ALL FACILITIES INVOLVEMENT	40 FAC
FACILITY MED DIRECTOR INFORMED AND SUPPORTIVE - OF ALL FACILITIES	85%
PROJECT ANNOUNCEMENT COMPLETED & SHARED - OF ALL FACILITIES	55%
RESIDENTS IN PROJECT 4/1/17 TO PRESENT	1121
ADMISSIONS WITHOUT ANTIPSYCHOTIC 4/1/17 TO PRESENT	2812
ADMISSIONS WITH ANTIPSYCHOTIC ORDER BUT DROPPED 4/1/17 TO PRESENT	115
ADMISSIONS WITH ANTIPSYCHOTIC MED ORDER IN PLACE 4/1/17 TO PRESENT	450
NUMBER OF RESIDENTS WITH A GDR IN PLACE 4/1/17 TO PRESENT	1041
POLICY CREATED - OF ALL FACILITIES	18%
STAFF EDUCATION - OF ALL FACILITIES	76%
FAMILY EDUCATION - OF ALL FACILITIES	61%
RCCT ASSESSMENT TOOL IN USE - OF ALL FACILITIES	90%
RCCT ASSESSMENT COMPLETED AND SHARED 4/1/17 TO PRESENT	948
CHATTER BAGS - OF ALL FACILITIES	75%
QUESTION OF THE WEEK - OF ALL FACILITIES	48%
"I WAS THINKING" BOOK TOOL IN USE - OF ALL FACILITIES	58%
"I WAS THINKING" BOOK COMPLETED 4/1/17 TO PRESENT	493
PHOTO BOOK TOOL IN USE - OF ALL FACILITIES	55%
PHOTO BOOK CREATED AND SHARED 4/1/17 TO PRESENT	316
GIFT OF PURPOSE PROGRAMMING	85%
GIFT OF PURPOSE SESSIONS 4/1/17 TO PRESENT 2 MONTH SAMPLE AVG	4667
GIFT OF PURPOSE RESIDENTS 4/1/17 TO PRESENT 2 MONTH SAMPLE AVG	490