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## A Guide to Reducing Antipsychotic Drugs While Enhancing Care for Persons with Dementia

*A Competency-Based Approach*



**KNOWLEDGE**



**SKILL**



**ATTITUDE**

American Health Care Association

Fall 2013





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## EXECUTIVE SUMMARY

### Antipsychotic Drug Reduction and Enhanced Care for Persons with Dementia

The American Health Care Association (AHCA) considers antipsychotic drug reduction a key effort and has created educational tools and resources to help organizations reduce antipsychotic drug use and improve care for persons with dementia. The goal, both nationally and among members, is to reduce antipsychotic drug use in skilled and assisted living centers around the country.

Additionally, the Centers for Medicare and Medicaid Services (CMS) launched a national initiative aimed to improve behavioral health and minimize the use of medications (such as antipsychotic medications) in individuals with dementia. Supporting this work are many organizations dedicated to improving the lives of those who live in long term care settings, including provider groups, consumer advocates, state and federal regulatory agencies and others.

Supporting this effort is recent scientific research which has found that:

1. These drugs are frequently overused in people with dementia.
2. These drugs are not as effective as believed and put people with dementia at risk. Studies show they are more likely to fall, have fractures, develop urinary incontinence, have an unsteady gait and are at higher risk for strokes and increased risk of death.
3. Many behaviors that caregivers find challenging in people living with dementia are natural responses to situations or perceptions and do not require a medication. Skilled staffs can respond to the needs of the person living with dementia in ways that minimize challenging behavioral responses.

#### This Framework is a Guide

To assist you in your efforts, AHCA has designed this framework. It is a guide. It can be used in many different ways, but key to its use is the opportunity to view the necessary actions from a competency-based perspective. To manage antipsychotic use, AHCA has identified the competencies that staff would exhibit in their daily work. These are the competencies that an organization would strive to achieve.

Benefits in using the framework:

1. The framework is built on three, key areas: knowledge, skill and behavior/attitude. Use the framework to discover the gap in knowledge, skill or attitude within your own organization. Based on the competencies described in the framework, leaders can develop strategies to enhance their care of individuals living with dementia.
2. The framework can provide insight when used as a self-assessment.
3. As organizations move toward Quality Assurance/Performance Improvement (QAPI), they can have Quality Committees review and consider areas around which they can develop Performance Improvement Plans (PIPs) using this guide.
4. The framework directs you to additional educational resources and exercises so that you can train your staff, having meaningful conversations and engage many in the learning process.









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### A few things to remember:

1. It is a big undertaking to reduce antipsychotic drugs consistently and create the systems to support individuals living with dementia. Some of these activities can be put in place in a reasonable amount of time. Encourage the use of the framework, but don't overwhelm staff by expecting it to be accomplished in a short time frame.
2. Though specific to antipsychotic drug reduction and care for persons with dementia, the guide assumes key foundational elements of a well-functioning skilled nursing care center are in place: leadership, management skills, a relative degree of staff stability, and a robust quality improvement process.
3. How to Use Competency-Based Education: **It's E-A-S-Y!**  
**E** – Examine each competency to determine which ones are being met. Use the tool as a checklist.  
**A** – Assess for staff knowledge, skills, attitudes and supporting center operations and practices.  
**S** – Select competencies needing to be mastered (identify gaps) and note what actions are needed.  
**Y** – Yield! Yes, yield to making needed changes and providing training that help your center succeed.
4. In the **RESOURCES** section you will see several small icons that direct you to the World Wide Web. These are reliable sites. Some may require that you sign in. (This is frequently done so that the owner can report the number of users hitting their site and using the materials.) The icons indicate a type of resource. Here is the key:

-  A Document
-  A Video
-  An Article
-  An Exercise
-  A PowerPoint
-  Available for Purchase

AHCA would like to acknowledge the fine work of many of the organizations represented in this Guide. They include: [Advancing Excellence](#), [Healthcentric Advisors](#), [Iowa Geriatric Education Center](#) (IA-ADAPT Improving Antipsychotic Appropriateness in Dementia Patients), [Pioneer Network](#), CMS' [Hand in Hand Toolkit](#), and [Eden Alternative](#)








## MORE ON COMPETENCY-BASED EDUCATION (CBE)

This guide is designed using a competency-based approach. Lucia and Lepsinger offer this definition of a competency:

*“... ‘a cluster of related knowledge, skills, and attitudes that affects a major part of one’s job (a role or responsibility), that correlates with performance on the job, that can be measured against well-accepted standards, and that can be improved via training and development.”*

So, a competency is bigger than a skill, includes knowledge, connects to performance, and can be improved. We get even more power from a competency model - the integrated set of competencies required for excellent performance<sup>1</sup>.

Training based on competencies focuses on learning outcomes, addressing what the staff are expected to do. The design makes statements of observable and measurable behavior necessary for mastering each competency. This is critical because in order for knowledge to be transferred into practice in any long term care center, these requirements must be met. Below is a further description.

KSA Framework		
		
<b>Knowledge</b>	<b>Skill</b>	<b>Behavior/Attitude</b>
What information does staff need to know to attain the highest level of performance?	What skill is required to carry out the knowledge?	What behavior, attitude or objection might staff hold that would prevent them from performing at the highest level?
<b>Information</b>	<b>Proficiency</b>	<b>Objections</b>
Do they know?	Can they do it?	Are there objections?

<sup>1</sup> A review of The Art and Science of Competency Models by Anntoinette D. Lucia and Richard Lepsinger published by Jossey-Bass / Pfeiffer, San Francisco, 1999 ISBN 0-7879-4602-8



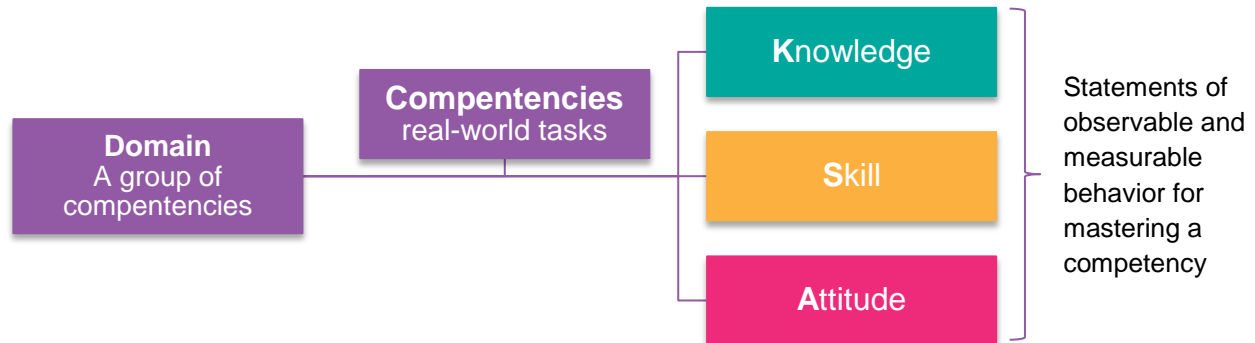
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The example above demonstrates the manner in which the framework breaks topics down into:

- **Domains:** a group of competencies
- **Competencies:** the ability to perform a real-world task in a specific context
- **KSA:** these are the task broken down based on whether it is knowledge, skill or attitude



This practical and exciting method is being utilized for nursing education,<sup>2</sup> by the Center for Disease Control, Quality and Safety Education in Nursing (QSEN) to name a few. AHCA looks forward to adding to this framework with a host of educational resources and tools in an effort to support the quality journey of its members.

<sup>2</sup> Best Practices in Education for Healthcare Professionals of the Future Prepared for Hennepin Health Foundation Health Force Minnesota June 2011





## CORE COMPETENCIES ON REDUCING ANTIPSYCHOTIC DRUG USE

Figure 1 – Model Version 1.0

DOMAIN	COMPETENCIES	
<b>1. Implement Individualized Care</b>	Competency 1.1 Competency 1.2 Competency 1.3 Competency 1.4 Competency 1.5	Contribute to and utilize an individualized care plan Employ individualized interventions Manage information and communication Apply self-governance Engage family as an integral partner in care
<b>2. Advance High Quality Care for Persons with Dementia</b>	Competency 2.1 Competency 2.2  Competency 2.3 Competency 2.4 Competency 2.5  Competency 2.6 Competency 2.7 Competency 2.8  Competency 2.9 Competency 2.10 Competency 2.11	Demonstrate an understanding of dementia Demonstrate an understanding of antipsychotic drug use  Explain the evidence base for antipsychotic drug use Prepare organization for change Apply strategies for the review and reduction of antipsychotics  Demonstrate effective investigation strategies Demonstrate effective reduction strategies Participate in identifying the source of residents' behavior  Refer important & relevant behavioral information Facilitate collaboration with external partners Participate in the organization's ability to improve quality
<b>3. Maximize Behavioral Strategies</b>	Competency 3.1 Competency 3.2 Competency 3.3 Competency 3.4	Recognize and respond to unmet needs Solve problems related to behaviors Solve problems in the midst of emergency situations Encourage innovative approaches
<b>4. Institute a Therapeutic Environment</b>	Competency 4.1 Competency 4.2  Competency 4.3  Competency 4.4 Competency 4.5 Competency 4.6  Competency 4.7 Competency 4.8	Adjust the environment to the individual's need Explain the evidence base for ensuring personal autonomy  Establish care routines that ensure adequate restful resident sleep  Employ seamless non-disruptive shift changes Employ consistent assignment Develop an environment rich in community, purpose and meaning  Reduce ambient noise Innovate activity programs for persons with dementia





## COMPETENCIES MAP

Figure 2 – Reducing Antipsychotic Drug Use Competency Map

<b>IMPLEMENT INDIVIDUALIZED CARE</b>	<b>ADVANCE HIGH QUALITY CARE FOR PERSONS WITH DEMENTIA</b>	<b>MAXIMIZE BEHAVIORAL STRATEGIES</b>	<b>INSTITUTE A THERAPEUTIC ENVIRONMENT</b>
5 Competencies	11 Competencies	4 Competencies	8 Competencies
32 KSA	69 KSA	15 KSA	47 KSA




















## DOMAIN 1: IMPLEMENT INDIVIDUALIZED CARE








*Definition: Refers to the contribution and activity of staff to be intimately acquainted with the needs, interests and abilities of the person for whom they care by demonstrating the following competencies.*








	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 1.1 Contribute to and use an individualized care plan</b>			
Assess the person's behavior, health and current treatments		X	
Integrate their history, interests, personality and culture into daily routine and activities	X		
Access and integrate care plan information to support the person's preferences, skills and abilities		X	
Contribute expertise and knowledge of the resident to the on-going care plan	X		X
Analyze information for relevant factors impacting the resident		X	
<b>Resources</b>			
 <a href="#">Quality of Life Outcomes for People with Alzheimer's Disease and Related Dementia</a> Care Planning Tool for Providers Outcomes, Indicators, Measures & Related Good Practice			
 <a href="#">Shifting from a Medical Model of Dementia Care to a New Culture of Person-Directed/Centered Care</a>			
 <a href="#">Person Directed Dementia Assessment Tool</a> – a valuable resource for staff who would like to go beyond the standard assessment and more fully identify needs related to dementia			
 <a href="#">Developing Person Directed Care Plans</a> –help for staff making efforts to individualize care plans			
 <a href="#">It's All About Me!</a> A Care Card that provides personal preference information about the resident so care givers can begin the journey of individualizing the residents care.			
 It's all about Me <a href="#">Companion Exercise</a> to do with staff			
 <a href="#">Twenty Questions</a> -considers residents favorite things			




	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 1.2 Employ individualized interventions</b>			
Identify care activities that support resident's well-being (e.g. waking, dining, activities, ADLs, bathing, sleeping)	X		
Participate in improving the organizations ability to individualize care	X	X	X
Identify known triggers for each resident	X		
Demonstrate ability to utilize personal interventions effectively		X	
Show evidence of being able to anticipate catastrophic events	X		
Identify changes in individual mood and behavior	X		





Brainstorm regularly effective interventions		X	
<b>Resources</b>			
 <a href="#">Individualizing Care: It's All About ME!</a> A PowerPoint that talks about individualizing care			
 <a href="#">Have you seen Penny?</a> An exercise for staff that emphasizes the importance of individualizing care			
 <a href="#">Understanding Challenging behaviors:</a> A short slide presentation that helps caregivers understand why challenging behaviors occur			
 <a href="#">Anatomy of a Crisis:</a> A short slide presentation that reminds staff what to do and not to do during a catastrophic event (Spoken version coming soon)			
 <a href="#">Dementia Care: Brainstorming</a>			
 <a href="#">Video: Non-Drug Management of Challenging Behaviors</a>			
 <a href="#">Bathing without A Battle &amp; Brushing without a Battle</a>			




	 K Knowledge	 S Skill	 A Attitude
<b>Competency 1.3 Manage information and communication</b>			
Describe communication responsibilities regarding care plan	X		
Verify effective means of communication between staff; between departments	X		
Collect, report and keep current all notes and documentation		X	
Demonstrate the ability to communicate oral and written information impacting the resident in a clear, concise and accurate manner		X	
<b>Resources</b>			
 <a href="#">Clinical Considerations for Antipsychotic Management</a> a guide for nurses created by the Clinical Practice Committee at AHCA			
 <a href="#">Behavior Analysis Worksheet</a> – a worksheet to consider the unmet need of a person with dementia			
 <a href="#">Behavioral Monitoring Record</a> – targets specific behaviors			
 <a href="#">Guidelines for a Listening and Learning Circle</a> a guide to help form and use learning circles as an effective communication strategy			

	 K Knowledge	 S Skill	 A Attitude
<b>Competency 1.4 Apply self-governance</b>			
Recognize when one's own behavior is prompting resident's behavior			X
Recognize one's personal limits when addressing challenging			X





behaviors			
Maintain empathy and caring under all circumstances			X
Employ positive body language and cues		X	
Use self-care principles and practices to mitigate potential burn-out		X	X
Develop a willingness to support the emotional health of others			X
Maintain a non-judgmental and respectful manner			X
<b>Resources</b>			
<a href="#">Communication: Best Ways to Interact with a Person with Dementia</a> helpful ideas from Alz.org			
<a href="#">Managing a Crisis</a> – a one page reminder of tips to help in a crisis			
<a href="#">Phrases to Learn for Caregivers</a> – Teepa Snow describes an array of ideas to help communicate			
Hand in Hand: A Training Series for Nursing Homes <a href="#">Module 3: Being with a Person with Dementia Exercise: More Than Words—Page 80</a>			













	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 1.5 Engage family as an integral partner in care</b>			
Seek family input related to person’s routine, behaviors, mood and well-being		X	
Encourage family participation in care plan, activities and visits	X		
Seek families’ advise and council when contemplating changes	X		
Demonstrate the ability to incorporate factors of diversity into the resident’s daily life		X	
Acknowledge strongly-held personal beliefs of family members			X
<b>Resources</b>			
<a href="#">Encouraging Comfort Care</a> -A Guide for Families of People with Dementia Living in Care Facilities			
<a href="#">Consumer Fact Sheet</a> - The English version of a family resource that supports the understanding of antipsychotic drug use			
<a href="#">Consumer Fact Sheet</a> – The Spanish version of a handy family resource that supports the understanding of antipsychotic drug use			
Video: F 309 & Antipsychotics?! Compliance?! QAPI?!: Your Integrated Pathway to Dementia Care. <a href="#">Part Three: Mining for Family Gold</a>			
<a href="#">Making Visits Valuable-Part 1</a>			
<a href="#">Making Visits Valuable-Part 2</a>			
<a href="#">Making Visit Valuable-Part 3</a>			
<a href="#">Making Visit Valuable-Part 4</a>			
<a href="#">Making Visit Valuable-Part 5</a>			
<a href="#">Making Visit Valuable-Part 6</a>			








## DOMAIN 2: ADVANCE HIGH QUALITY CARE FOR PERSONS WITH DEMENTIA



*Definition: Refers to the responsibility of each staff member to deliver effective and appropriate high quality care to those living with dementia by demonstrating the following competencies.*








	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 2.1 Demonstrate an understanding of dementia</b>			
Describe the DSM-IV criteria for dementia	X		
Identify the symptoms of cognitive impairment	X		
Differentiate between healthy brain and brain with dementia	X		
Differentiate between the different types of dementia			
Demonstrate an understanding of different types of cognitive screening		X	
Apply knowledge of dementia to daily tasks and communication	X		
Discuss the causes of dementia	X		
Differentiate among the stages of dementia	X		
Compare the respective treatments for Alzheimer's disease	X		
Differentiate between dementia and delirium	X		
<b>Resources</b>			
 Hand in Hand: A Training Series for Nursing Homes <a href="#">Module 1: Understanding the World of Dementia: The Person and the Disease ...</a>			
 <a href="#">Know the 10 Signs</a>			
 <a href="#">The ALZ.org / Brain Tour</a>			
 <a href="#">Types of dementia</a>			
 <a href="#">Test for Alzheimer's Disease and Dementia</a>			
 <a href="#">Risk Factors for Dementia</a>			
 <a href="#">The 7 Stages of Alzheimer's disease</a>			
 <a href="#">Treatments for dementia</a>			
 <a href="#">Diagnostic Procedures</a>			




	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 2.2 Demonstrate an understanding of antipsychotic drugs</b>			
Identify common antipsychotic drugs used for the elderly	X		





Describe the black box warning on antipsychotic drug labels	X		
Discuss the common off-label uses of antipsychotic drugs	X		
Describe the adverse outcomes of off-label antipsychotic drug use	X		
<b>Resources</b>			
 <a href="#">Pocket Card for Antipsychotic medication</a>			
 <a href="#">About the Black Box Warning</a> - a short PowerPoint that describes the Black Box Warning			

	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 2.3 Explain the evidence base for antipsychotic drug use</b>			
Recognize the ethical and moral implications of decisions made around antipsychotic drug use			X
Explain how antipsychotic drugs are a problem for elders with dementia	X		
Describe the net effectiveness of antipsychotic drugs	X		
Describe the difference between the biomedical model vs. experiential	X		
<b>Resources</b>			
 <a href="#">Net Effectiveness of antipsychotic meds</a> – a PowerPoint that aids in the understanding of psychotropic drugs			
 <a href="#">A Reference List for Physicians</a>			
 <a href="#">Dementia Beyond Drugs</a> , Changing the Culture of Care By G. Allen Power, M.D., F.A.C.P.			
 <a href="#">Home Thermostat (HT)</a> an innovative guide to find the “hot spots” in your dementia care			

	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 2.4 Prepare organization for change</b>			
Engage supportive partners into a philosophical shift from drug interventions to behavioral interventions		X	
Apply organizational policies and plans		X	
Show evidence of staff’s willingness and understanding to establish non-drug interventions as the norm			X
Decrease antipsychotic drug use while increasing staff skill in behavioral interventions	X	X	X
Adopt behavioral skill sets to meet the organizational shift		X	
Communicate paradigm shift throughout the organization			X





including doctors, on-call, pool and per diem staff.			
Identify barriers to adoption	X		
Verify effective transition		X	
<b>Resources</b>			
Partnership to Improve Dementia Care in Nursing Homes Suggestions for Provider <a href="#">Checklist</a>			
<a href="#">Provider Implementation Flow Diagram</a>			
Video: F 309 & Antipsychotics?! Compliance?! QAPI?! : Your Integrated Pathway to Dementia Care. <a href="#">Part Two: What's Up, Doc?!</a>			
<a href="#">Sample Psychotropic Medication Policy and Procedure</a>			




	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 2.5 Apply strategies for the review and reduction of antipsychotic medications</b>			
Evaluate current use of antipsychotic drugs (actual number)	X		
Confine initial efforts to one floor or unit to maximize success	X		
Prioritize efforts by eliminating PRN antipsychotic drug use		X	
Evaluate necessity for antipsychotic drugs started during evening/night shift or weekends	X		
Evaluate the necessity of antipsychotic drugs started in the hospital	X		
Evaluate the effectiveness of low dose therapy	X		
Identify residents whose dementia has advanced significantly enough that antipsychotic medications are unnecessary	X		
<b>Resources</b>			
<a href="#">Antipsychotic Drug Use in People with Dementia</a>			
<a href="#">Free from Unnecessary Medications</a> – an exercise to assist in reducing antipsychotic drug use			
<a href="#">Targeting Inappropriate Antipsychotic Drug Use: Low Hanging Fruit</a> an exercise to assist in reducing antipsychotic drug use			
<a href="#">A Quiz</a> a tool to gauge staff's understanding of antipsychotic drugs and their use			




	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 2.6 Demonstrate effective investigation strategies</b>			
Demonstrate ability to gather information necessary for the safe reduction of antipsychotic medications		X	









Investigate how long the resident has been on the drug		X	
Determine why they were put on the drug initially	X		
Establish the resident's current behavior (1-2 weeks)	X		
Review whether a gradual dose reduction has taken place in the last six months and the results		X	
<b>Resources</b>			
<a href="#">Algorithm</a> for Treating Behavioral and Psychological Symptoms of Dementia			
<a href="#">Video</a> : Assessing Behavioral Problems in Dementia			




	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 2.7 Demonstrate effective reduction strategies</b>			
Anticipate the actions necessary to reduce the drug		X	
Reflect on the need for any additional information	X		
Consider and identify potential challenges	X		
Anticipate strategies to address challenges			X
Engage the team in observing, reporting, intervening and supporting the resident throughout the process		X	
<b>Resources</b>			
<a href="#">USING THE NURSING PROCESS APPROACH TO CONSIDER GDR/Tapering For Off-Label Use of Antipsychotic Drugs</a>			
<a href="#">Video: The Clinical Considerations of Antipsychotic Management</a>			
<a href="#">Pocket Card</a> : Dementia Antipsychotic Guide for Care Providers			




	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 2.8 Participate in identifying the source of resident's behavior</b>			
Identify what the individual might be trying to communicate through his/her behavior		X	
Identify what you did to try and figure out why the individual was demonstrating a particular behavior		X	
Identify the source of the disturbance (physical, emotional, environmental, task, communication)		X	
Respond to the immediate need of the resident		X	
Distinguish between critical and non-critical behaviors			X
Identify behavior using descriptive language that supports the resident's unmet need		X	
Demonstrate skill in intervening, redirecting or mitigating		X	





behavior			
Value the expertise of others (from any department) who can neutralize an escalating situation			X
Recognize when a behavior is escalating	X		
Evaluate the level of risk	X		
Identify what you tried before requesting medication	X		
<b>Resources</b>			
 <a href="#">Dementia Re-examined</a> A PowerPoint that emphasize the fact that behaviors are a form of communication (Spoken version coming soon/contains speaker notes)			
 Companion Exercise to Dementia Re-examined <a href="#">Reframing dementia scenarios</a> <a href="#">Tip sheet</a>			
 <a href="#">Pocket Card</a> : Non-Drug Management of Problem Behaviors and Psychosis in Dementia			
 Hand in Hand: A Training Series for Nursing Homes <a href="#">Module 4</a> : Being with a Person with Dementia -Brainstorm Worksheet Appendix A-3			


	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 2.9 Refer important &amp; relevant behavioral information</b>			
Use the care plan and other tools to collect data (falls, staffing, infection)	X	X	
Distinguish strategies for properly documenting and disseminating the data	X		
Identify the barriers to communicating information across shifts	X		
Alert staff to key information including other departments	X		






	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 2.10 Facilitate collaboration with external partners</b>			
Establish a protocol that identifies behaviors that require physician intervention		X	
Demonstrate and deliver information using SBAR		X	
Communicate interventions that were attempted to mitigate behavior	X		
Assess procedures for situations that require hospitalization	X		
Communicate with hospital about the individualized interventions necessary to support the resident	X		







Resource			
 <a href="#">Antipsychotic Drug SBAR Worksheet</a>			






	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 2.11 Participate in the organizations ability to improve quality</b>			
Justify a team approach to care			X
Value the impact of staff involved in routine review of behavioral issues, medications			X
Offer expertise and ideas to benefit on-going problem-solving		X	
Discuss methods for evaluating and improving staff skill and innovative care	X		
Participate with external partners in exploring new and innovative solutions and designs	X		
<b>Resources</b>			
 <a href="#">A Team Approach to Care: Using TEAMSTEPPS</a> – a worksheet that directs you to the TEAMSTEPPS video and process			
 <a href="#">Living and Working in Harmony</a> : Training Guide for Self Led Teams			









## DOMAIN 3: MAXIMIZE BEHAVIORAL STRATEGIES




*Definition: Refers to the responsibility of each worker to engage effectively and respond appropriately to those living with dementia by demonstrating the following competencies.*

	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 3.1 Recognize and respond to unmet needs</b>			
Differentiate between problem behaviors and unmet needs	X		
Assume responsibility for responding to the individual in need with appropriate interventions			X
Implement innovative action to bring the resident back to a state of well-being		X	
Explain interventions that are appropriate for each individual	X		
Encourage the engagement of all staff in behavioral interventions (e.g. housekeeping, maintenance, activities)			X
<b>Resources</b>			
 <a href="#">Pocket Card: Caring for People with Dementia and Problem Behaviors: A Step-by-Step Evidence-Based Approach</a>			
 Hand in Hand: A Training Series for Nursing Homes <a href="#">Module 4: Being with a Person with Dementia: Actions and Reactions</a> I Want to Go Home page 28 Actions and Reactions: Why? page 42 Actions and Reactions: Ways to Respond page 82			

	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 3.2 Solve problems related to behaviors</b>			
Brainstorm solutions and possible interventions specific to the individual	X		
Differentiate among the consequences of specific interventions	X		
Maintain willingness to be an active listener to solve problems			X
Maintain an open and active dialogue around interventions			X
Maintain respect for all suggestions			X
Contribute to a climate where innovation is highly valued			X
Commit to active research on behavioral interventions through reading, site visits, workshops or other field education	X		
<b>Resources</b>			
 <a href="#">Assessing Behavioral Problems in Dementia</a>			









	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 3.3 Solve problems in the midst of emergency situations</b>			
Maintain awareness of escalating situations	X		
Demonstrate the ability to reconcile the situation	X		
Refer problems to the team for resolution	X		











## DOMAIN 4: INSTITUTE A THERAPEUTIC ENVIRONMENT

*Definition: Refers to the establishment of an environment that adjusts to the individual's needs and strengthens their ability to thrive, succeed and experience well-being.*

	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 4.1 Adjust the environment to the individual's need</b>			
Embrace scheduling practices that favor resident's needs over staffing patterns	X		
Recognize and ensure resident's best time for waking and rising	X		
Establish care schedules that optimize resident's best time of day for varied ADLs including bathing		X	
Apply knowledge of resident's preferred daily routine to meet their needs and ensure their best possible day		X	
Identify environmental reinforcements that will allow resident to function optimally with ease and comfort (sufficient lighting, adjustable clothes racks, tables and chairs)	X		
<b>Resources</b>			
 <a href="#">Environments that Foster Peace and Comfort</a>			




	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 4.2 Explain the evidence base for ensuring personal autonomy</b>			
Describe ways to support each resident's sense of identity, autonomy and personal freedom	X		
Dismantle institutional barriers that inhibit or prevent residents from making individual choices or living authentic, intentional lives		X	
Ensure residents ability to go outdoors		X	




	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 4.3 Establish care routines that ensure adequate restful resident sleep</b>			
Contribute expertise to solving sleep deprivation	X		
Adopt night shift practices that ensure restful resident sleep with		X	





the goal of eradicating sleep deprivation			
Identify institutional practices that cause residents to be awakened during the night (e.g. foot traffic, lighting, television, floor buffing, some unnecessary clinical care, that for some includes skin checks, suppository schedules)	X		
Brainstorm solutions and possible interventions specific to the individual	X		
Demonstrate the ability to provide care without disturbing resident		X	
<b>Resources</b>			
📄 <a href="#">Sleeping and Waking Change Ideas Sheet</a>			

	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 4.4 Employ seamless non-disruptive shift changes</b>			
Recognize when one's own behavior at shift change contributes to chaos, noise and confusion prompting resident's behavior			X
Participate in improving the process involved in shift change		X	
Identify how staggered shift changes could benefit residents	X		

	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 4.5 Employ consistent assignment</b>			
Personalize the care of each resident utilizing their rhythms and preferences	X		
Acknowledge the benefits of consistent assignment vs. rotating assignment	X		
Identify barriers to achieving consistent assignment	X		
Participate in the process of matching residents with staff		X	
Distinguish policy and practices for successful consistent assignment implementation		X	
Participate in the successful shift to consistent assignment		X	
Initiate effort on one floor or unit to maximize success before spreading	X		
<b>Resources</b>			
📄 <a href="#">Tip Sheet</a> Consistent Assignment – a worksheet that walks you through the process of adopting consistent assignment			
📄 <a href="#">Consistent Assignment: Starter Exercise</a> – a useful exercise to support staffs understanding of the need to switch to consistent assignment			








<a href="#">A Case for Consistent Assignment</a> – an magazine article describing consistent assignment
<a href="#">Video: Consistent Assignment/Staff Stability</a> – a video that shows the connection between consistent assignment and staff stability









	<b>K</b> Knowledge	<b>S</b> Skill	<b>A</b> Attitude
<b>Competency 4.6 Develop an environment rich in community, activity, purpose and meaning</b>			
Personally contribute to the resident’s sense of well-being		X	X
Apply knowledge of rituals, celebrations, practices and customs that hold meaning for the resident into daily routine		X	
Identify activities - physical, emotional, spiritual, and intellectual - that hold meaning for the resident		X	
Establish or reestablish connections with groups, people, families and friends with whom the resident has been connected	X		
Support resident’s ability to form healthy relationships within the center	X		
Personally contribute to the enjoyment the resident experiences during the day			X
<b>Resources</b>			
<a href="#">Individualizing Care: Creating days filled with meaning and purpose</a> – an exercise that uses the holistic model to develop meaningful activities			
<a href="#">Dementia/Alzheimer’s: Why Activities Matter</a> -a short video that helps staff understand why it is so important to provide meaningful activities			
<a href="#">Alzheimer’s Activity Tips</a> – a creative video to help generate activity ideas			
<a href="#">Special Care Unit Activity Engagement and Pacing</a> – a tip sheet that guides energy levels throughout the day			
<a href="#">Revolutionizing the Experience of Home by Bringing Well-Being to Life</a>			

	<b>K</b> Knowledge	<b>S</b> Skill	<b>A</b> Attitude
<b>Competency 4.7 Reduce ambient noise</b>			
Identify sources of ambient noise (overhead paging, televisions, phones, pill crushers)	X		
Describe how the noise level contributes to resident’s anxiety, fear, fatigue, combativeness, confusion and general uneasiness	X		
Identify the personal effect of noise level on staff	X		
Collect data by measuring frequency, noise levels, time of day		X	









etc.			
Collaborate with others to target one change that can be made to reduce noise		X	
Contribute to the reduction of noise that leads to behavioral issues among residents		X	
<b>Resources</b>			
 <a href="#">Environments that Foster Care and Comfort</a> – an article that describes how to create an environment that supports people with dementia			
 <a href="#">Noise Reduction: Data Collection</a> -an exercise for staff			
 <a href="#">Noise Reduction: Analyzing Data</a> - an exercise for staff			

	 <b>K</b> Knowledge	 <b>S</b> Skill	 <b>A</b> Attitude
<b>Competency 4.8 Innovate activity programs for persons with dementia</b>			
Differentiate between a calendar-driven activity program and a <a href="#">daycare-like program</a> that involves residents in an all-day activities	X		
Identify the benefits of clustering to maximize resident's skill level	X		
Innovate with others creating events using the holistic model (spirit, mind and body)		X	
Collect ideas from magazines, newspapers, site visits, workshops or other field education		X	
Collaborate with other professionals to strengthen and diversify programming		X	
Engage all staff in programming using their skills, talents and abilities		X	
Engage supportive partners from the community	X		
Describe therapeutic activities	X		
Effectively integrate known successful therapeutic activities		X	
Show evidence of executing activities that benefit residents		X	
Evaluate programs			X
<b>Resources</b>			
 <a href="#">Teepa Snow-Brainy Day</a>			
 <a href="#">Activity Based Care in Residential Settings</a> - describes clustering			
 <a href="#">Activity Based Alzheimer's Care</a> – a program of the Alzheimer's Association that teaches unique ways to strengthen programs to support people with Alzheimer's disease			
 <a href="#">Evaluation of the Montessori-Based Activities Program</a> , an activities program based on Montessori principles			
 <a href="#">The Best Friends Book of Alzheimer's Activities</a> , by Virginia Bell, M.S.W., David Troxel, M.P.H., Robyn Hamon, M.S.W., & Tonya Cox, M.S.W.			





 <a href="#">Activity ideas for Alzheimer's and Dementia Residents</a>
 <a href="#">Activities for People With Dementia</a>
 <a href="#">Provide Activities to Maintain a person's abilities, dignity and self-worth</a> a facilitators guide to engaging staff in developing meaningful activities
 <a href="#">Dementia Training to promote the involvement of Meaningful Activities</a> The training includes recognizing unmet activity needs among persons with dementia, applying appropriate activity assessment methods, adjusting care routines to include enjoyable activities, and monitoring outcomes related to activity involvement. This evidence-based program offers a variety of learning formats, including patient simulations, video presentations, and workplace exercises. It focuses on the following learning objectives. (50.00)

Because we value your thoughts and appreciate your professional opinion, we hope you might take a few brief moments to provide us with feedback about this guide. Ten questions make up the evaluation, seven of which are quick yes or no responses.

**[Click here to provide feedback.](#)**

For more information, contact AHCA's Quality Team at [qualityinitiative@ahca.org](mailto:qualityinitiative@ahca.org)

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