



The California Partnership to Improve Dementia Care formed a workgroup¹ to research and create a Person of Care Survey for residents with dementia and their families so communities have a standard tool for assessing if resident/family needs are being met. The workgroup discussions were broadened to recognize the importance of having ongoing conversations with individual residents on how they view their quality of care and quality of life, the key role of staff actions and observations, and integrating that knowledge into facility operations to improve care.

This document contains a Four-Part Approach to learning more about a resident’s choices, preferences, and baseline condition to integrate that knowledge into day-to-day resident care.

Objectives:

1. Identification of Experience of Care Survey Questionnaires, or portions thereof, to generate important conversations with residents, family, and direct caregivers to obtain critical information.
2. Integrating information from the Experience of Care Survey Elements into your community operations and making use of these conversations to implement changes in resident assessments [RAI-MDS], care planning, Interdisciplinary Team Meetings, Quality Accountability and Performance Improvement [QAPI], and/or staff huddles in order to improve each resident’s experience of care in a measurable manner.
3. Promote Early Recognition of factors of that indicate a change in a resident’s condition or functional ability that may lead to a decline.
4. Understand practices that can Improve Resident Experience of Care.
5. Highlight RAI-MDS Elements that Intersect with Resident Experience of Care.
6. Provide additional resources, by Topic.

We welcome your ongoing comments, suggestions, and contributions to this document.

¹ It should be noted that, while this workgroup focused on improving the quality of dementia care, these resources can also be used to improve the quality of care for any resident in any care setting.

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Introduction

An individual resident's experience of care can be measured in several ways. Each method provides different information on the care, environment of safety, whether a resident's choices and preferences are honored, and if the resident's quality of life is as fulfilling as possible.

Since residents may have varying degrees of cognitive abilities to express their opinions, distinct types of tools may be needed. There are many types of formal assessment tools to measure resident experience of care, but they may not reflect in-depth information of an individual's experience of care.

One of the best ways to learn about an individual's experience of care and how they feel about the care being provided is directly from each resident. The three Experience of Care Survey Tools [and Elements] selected by the workgroup provide a more personalized resident perspective, and a clearer perspective from those providing direct or ancillary care, family, friends, and visitors.

There are two purposes of using the survey tools, which are not mutually exclusive. Consider using the Experience of Care Survey tools and elements for these different reasons:

- If you are measuring a community's overall resident experience of care, you would ask the same questions of all residents and their direct caregivers. Using these questions on a periodic basis can provide information on improvements or diminishment of resident experience of care.
- If you are measuring an individual's experience of care, you do not have to conduct formal surveys, but rather initiate conversations with residents using survey elements to learn about things that are important to that resident and invite residents to speak openly with staff. Selective use of the Experience of Care Survey Tools can aid in these conversations.

These conversations can also be triggered by resident's change of condition, which can be difficult to detect and measure. This Toolkit provides resources that can be used to **train staff about detecting change of condition** that could lead to a decline in a resident's experience of care; the importance of documenting those perceived changes, and communicating those changes so that appropriate care can be addressed and provided.

Resources are also provided so that staff are aware of factors that could **trigger a change of condition** and negatively impact residents' quality of life.

Part 1: Learn about Three [3] Evidence-based Experience of Care Survey Tools

The workgroup identified three [3] Experience of Care Survey Tools that may be the most helpful in generating important conversations with an individual resident, and/or interviews with direct care staff most familiar with a resident to share their observations or generate important conversation with a resident and their family. Though the entire questionnaire may be used with a resident, we have found selecting some of the questions as a conversation starter generates important information and reduces the risk of patient fatigue, apathy, wandering responses, and excessive staff time consumption. Depending on the capacity of a family member, these tools may be handed out or used as conversation starters.

Information and weblinks to the entirety of the survey tools are provided in this section. Please note that Phase #2 extracts the survey elements for each survey tool for ease of comparison, and selecting the elements most appropriate for individual residents and your community.

Note: Many of the Experience of Care Survey Elements coincide with some data elements in the Resident Assessment Instrument [RAI]. Using the Experience of Care Elements to initiate conversations with residents can be of great value in completing a resident's MDS and can be a good way to integrate a resident's Experience of Care into community operations. **[See Section Two for RAI Elements]** Indeed, two of the Experience of Care Surveys suggest ways to operationalize their use with RAI assessments and re-assessments.

The Following Table Provides Information about the Three Experience of Care Survey Tools:

Survey Tool Name	Consumer Assessment of Healthcare Providers & Systems [CAHPS]	DEMQOL - Dementia Quality of Life Measure (Version 4)	QUALID - Quality of Life in Late-Stage Dementia
Survey Focus and Methods	<ul style="list-style-type: none"> Early-to-Mid Stages of dementias 	<ul style="list-style-type: none"> Mid-Stages of Dementia 	<ul style="list-style-type: none"> Advanced Stages of Dementia
	<ul style="list-style-type: none"> Long-Stay Resident Survey. An in-person structured interview for long-term residents. 	<ul style="list-style-type: none"> Is a 28 item interviewer-administered questionnaire answered by a person with dementia. Includes a manual re how to use this tool. Narrow scope Can complete in a few sessions. Like simplicity of tool choices Prep for quarterly MDS Social Services, Activities or MDS Coordinator can utilize the tool. 	<ul style="list-style-type: none"> Includes a good intro on how to use the tool. Identifies areas that the resident is doing well in and areas that may require modification. <u>Do once a quarter to coincide with Minimum Data Set (MDS)</u> Social Services or MDS Coordinator to utilize tool. Include input from family members and caregivers.
	<ul style="list-style-type: none"> Discharged Resident Survey. A questionnaire for recently discharged short-stay residents. 	DEMQOL-CH Is a 31-item questionnaire answered by a resident's primary caregiver in the facility.	
	<ul style="list-style-type: none"> Family Member Survey. A questionnaire that asks family members about their experiences with the nursing home. 		
Web Links	CAHPS Nursing Home Surveys Agency for Healthcare Research and Quality (ahrq.gov)	DEMQOL: demqol-questionnaire.pdf (bsms.ac.uk)	QUALID Instructions Scale.pdf (dementiaresearch.org.au)
		DEMQOL-CH: DEMQOL - CH (bsms.ac.uk)	

Part 2: Integrate Experience of Care Survey Elements

- Learning about your individual residents' quality of life is essential to providing the best care. A formal survey or study is not necessary to learn more about how you are meeting residents' needs. As discussed previously, the Partnership has identified three [3] major experience of care survey tools to learn more about resident quality of life. Each of these survey tools focus on unique aspects of resident life and are designed to capture a resident's perspective through resident interviews, family observations and direct care staff observations and interactions with each resident.
- The survey elements summarized below complement the Resident Assessment Instrument [RAI] Elements in Sections C through Section M, but the Experience of care Survey Elements provide a more personalized picture of each resident's Experience of Care.
- The use of these Experience of Care Survey elements will be integrated into your day-to-day operations, whether used at admission, subsequent assessments, direct care staff notes, Interdisciplinary Team/care plan meetings, staff huddles, QAPI process, or weekly summaries provided by direct care staff or visitors.
- You do not have to use all of these questions. You can choose which questions to ask; the important point being that you use these questions at regular intervals to compare progress in meeting the needs of individual residents.
- These elements are meant to encourage additional focus on the quality of life in nursing homes, something that can be much harder to measure than patient outcomes or medical/physical conditions.

Experience of Care Survey Elements

	CAHPS Nursing Home Survey² - Long-Term Stay Resident	[DEMQOL] Dementia Quality of Life Measure³	Quality of Life in Late Stage Dementia [QUALID] Scale⁴
	Resident Interview	Resident Interview	Direct Caregiver or Family Observations
Focus of Survey	<p>The Goal of this survey is to learn about the care that nursing home residents receive in this nursing home and to improve the quality of care in nursing homes.</p> <p>Note: These Elements can be used for all long-term stay residents, including those with dementias.</p> <p>There is also a “Discharged Resident” Survey and a Survey to ask Family Members about their experience in the community.</p>	<p>Each of the following questions (in bold) verbatim and show the respondent the response card.</p> <p>I would like to ask you about your life. There are no right or wrong answers. Just give the answer that best describes how you have felt in the last week. Don’t worry if some questions appear not to apply to you. We have to ask the same questions of everybody.</p>	<p>The QUALID is administered in interview format to an informant following the instructions below. Informants may be either a <u>family member</u> or <u>professional caregiver</u> who by having regular contact is familiar with the subject’s general behavior.</p>
Rate Scales Used	<p>Note: Uses different rating scales:</p> <ul style="list-style-type: none"> • 0 – 10 Scales with 0 being the worst possible and 10 being the best possible; • Y, N, or S - Yes, No or Sometimes; • Often, Sometimes, Rarely or Never. • Excellent, Very Good, Good, Fair or Poor; 	<p>Each question will have a response of: “a lot, quite a bit, a little, or not at all.”</p> <p>Follow up with a prompt question: Why is that? or Tell me a bit more about that.</p>	<p>Uses a multiple choice method of collecting responses.</p>
Questions & Observations			
Nutrition/Dining			
	What number would you use to rate the food here at this home? [0-10 scale]		Does the resident enjoy eating?
	Do you ever eat in the dining room?		
	When you eat in the dining room, what number would you use to rate how you enjoy mealtimes? [0-10]		
Environmental			
	What number would you use to rate how comfortable this temperature is in this home? [0-10]		

² Consumer Assessment of Healthcare Providers & Systems [CAHPS]: [CAHPS Nursing Home Surveys | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/cahps/)

³ Dementia Quality of Life Measure [DEMQOL]: [DEMQOL - BSMS](https://www.bsms.ac.uk/demqol/) DEMQOL Questionnaire: [demqol-questionnaire.pdf \(bsms.ac.uk\)](https://www.bsms.ac.uk/demqol-questionnaire.pdf) Note: Another questionnaire is focused on caregivers or visitors/family members. For a copy of these questions - DEMQOL Proxy Questionnaire: [4finalquestionnaireDEMQOLPROXYwithcopyrightcorrectedMarch2011 \(bsms.ac.uk\)](https://www.bsms.ac.uk/4finalquestionnaireDEMQOLPROXYwithcopyrightcorrectedMarch2011)

⁴ Quality of Life in Late-Stage Dementia [QUALID] Scale: [Microsoft Word - QUALID Instructions & Scale\[1\].doc \(dementiaresearch.org.au\)](https://www.dementiaresearch.org.au/qualid/)

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	Think about all the different areas of the home. What number would you use to rate how clean this home is? [0-10]		
	CAHPS Nursing Home Survey⁵ - Long-Term Stay Resident	[DEMQOL] Dementia Quality of Life Measure⁶	Quality of Life in Late Stage Dementia [QUALID] Scale⁷
	Resident Interview	Resident Interview	Caregiver or Family Observations
Environmental [Cont'd]			
	What number would you use to describe how safe and secure you feel in this home? [0-10]		
	Is the area around your room quiet at night? [Yes/No/Same] [Y/N/S]		
	Are you bothered by the noise in the nursing home during the day? [Y/N/S]		
	If you have a visitor, can you find a place to visit in private? [Y/N/S]		
	We'd like to find out about whether you can reach the things you need in your room. Can you reach the call button by yourself? [Y/N/S]		
	Is there a pitcher of water or something to drink where you can reach it by yourself? [Y/N/S]		
Social/Communications			
		In the last week, how worried have you been about:	
		Not having enough company?	
		How you get on with people close to you?	
		Getting the affection that you want?	
		People not listening to you?	
		Making yourself understood?	
		Getting help when you need it?	
		Getting to the toilet in time?	
		How do you feel in yourself?	
		How do you rate your overall Health?	

⁵ Consumer Assessment of Healthcare Providers & Systems [CAHPS]: [CAHPS Nursing Home Surveys | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/cahps/)

⁶ Dementia Quality of Life Measure [DEMQOL]: [DEMOL - BSMS](https://www.bsms.ac.uk/demqol/) DEMQOL Questionnaire: [demqol-questionnaire.pdf \(bsms.ac.uk\)](https://www.bsms.ac.uk/demqol-questionnaire.pdf) Note: Another questionnaire is focused on caregivers or visitors/family members. For a copy of these questions - DEMQOL Proxy Questionnaire: [l4finalquestionnaireDEMOLPROXYwithcopyrightcorrectedMarch2011 \(bsms.ac.uk\)](https://www.bsms.ac.uk/l4finalquestionnaireDEMOLPROXYwithcopyrightcorrectedMarch2011)

⁷ Quality of Life in Late-Stage Dementia [QUALID] Scale: [Microsoft Word - QUALID Instructions & Scale\[1\].doc \(dementiaresearch.org.au\)](https://www.dementiaresearch.org.au/qualid/)

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	CAHPS Nursing Home Survey ⁸ - Long-Term Stay Resident	[DEMQOL] Dementia Quality of Life Measure ⁹	Quality of Life in Late Stage Dementia [QUALID] Scale ¹⁰
	Resident Interview	Resident Interview	Caregiver or Family Observations
Mood/Feelings			
		In the last week, have you felt:	Which response best describes [resident] over the past week?
	How often do you feel worried? – [O/S/N]	Worried or Anxious	
	How often do you feel happy? – [O/S/N]	Cheerful	Smiles
		Confident	
		Sad	Sad
		Lonely	
		Frustrated	
		Irritable?	Has a facial expression of discomfort – appears unhappy or in pain [looks worried, grimaces, furrowed or turned down brow]
			Appears physically uncomfortable – squirms, writhes, frequently changes position.
		Distressed? Fed up?	Makes statements or sounds that suggest discontent, unhappiness, or discomfort [complains, groans, screams]
			Is irritable or aggressive [becomes angry, curses, pushes or attempts to hurt others]
			Enjoys touching/being touched.
			Appears emotionally calm and comfortable.
		Full of energy? Lively?	
	We want to know how you feel about your life now. What number would you use to rate your life now? [0-10]	Enjoying life?	

⁸ Consumer Assessment of Healthcare Providers & Systems [CAHPS]: [CAHPS Nursing Home Surveys | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/cahps/)

⁹ Dementia Quality of Life Measure [DEMQOL]: [DEMQOL - BSMS](https://www.bsms.ac.uk/research/dementia-quality-of-life-measure/) DEMQOL Questionnaire: [demqol-questionnaire.pdf \(bsms.ac.uk\)](https://www.bsms.ac.uk/research/dementia-quality-of-life-measure/demqol-questionnaire.pdf) Note: Another questionnaire is focused on caregivers or visitors/family members. For a copy of these questions - DEMQOL Proxy Questionnaire: [4finalquestionnaireDEMQOLPROXYwithcopyrightcorrectedMarch2011 \(bsms.ac.uk\)](https://www.bsms.ac.uk/research/dementia-quality-of-life-measure/4finalquestionnaireDEMQOLPROXYwithcopyrightcorrectedMarch2011)

¹⁰ Quality of Life in Late-Stage Dementia [QUALID] Scale: [Microsoft Word - QUALID Instructions & Scale\[1\].doc \(dementiaresearch.org.au\)](https://www.dementiaresearch.org.au/qualid/)

	CAHPS Nursing Home Survey ¹¹ - Long-Term Stay Resident	[DEMQOL] Dementia Quality of Life Measure ¹²	Quality of Life in Late Stage Dementia [QUALID] Scale ¹³
	Resident Interview	Resident Interview	Caregiver or Family Observations
Abilities for Self-Care/Choice			
	If you wanted to, can you turn yourself over in bed without help from another person? [Y/N/S]		
	Are you ever left sitting or lying in the same position so long it hurts? [Y/N/S]		
	Are you able to move your arms to reach things that you want? [Y/N/S]		
	Do the staff help you get dressed, take a shower, or go to the toilet? [Y/N/S]		
	Do the staff help you dress, take a shower, or bathe? [Y/N/S]		
	Do the staff make sure you have enough personal privacy when you dress, take a shower or bathe? [Y/N/S]		
	Can you choose what time you go to bed? [Y/N/S]		
	Can you choose what clothes to wear? [Y/N/S]		
Memory/Thoughts			
		How worried have you been about:	
		Forgetting who people are?	
		Forgetting what day, it is?	
		Your thoughts being muddled?	
		Difficulty making decisions?	
		Poor concentration?	

¹¹ Consumer Assessment of Healthcare Providers & Systems [CAHPS]: [CAHPS Nursing Home Surveys | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/cahps/)

¹² Dementia Quality of Life Measure [DEMQOL]: [DEMQL - BSMS](https://www.bsms.ac.uk/) DEMQOL Questionnaire: [demqol-questionnaire.pdf \(bsms.ac.uk\)](https://www.bsms.ac.uk/files/2011/03/demqol-questionnaire.pdf) Note: Another questionnaire is focused on caregivers or visitors/family members. For a copy of these questions - DEMQOL Proxy Questionnaire: [l4finalquestionnaireDEMQLPROXYwithcopyrightcorrectedMarch2011 \(bsms.ac.uk\)](https://www.bsms.ac.uk/files/2011/03/l4finalquestionnaireDEMQLPROXYwithcopyrightcorrectedMarch2011.pdf)

¹³ Quality of Life in Late-Stage Dementia [QUALID] Scale: [Microsoft Word - QUALID Instructions & Scale\[1\].doc \(dementiaresearch.org.au\)](https://www.dementiaresearch.org.au/files/2011/03/Microsoft-Word-QUALID-Instructions-Scale1.doc)

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	CAHPS Nursing Home Survey ¹⁴ - Long-Term Stay Resident	[DEMQOL] Dementia Quality of Life Measure ¹⁵	Quality of Life in Late Stage Dementia [QUALID] Scale ¹⁶
	Resident Interview	Resident Interview	Caregiver or Family Observations
Activities			
	Can you choose what activities you do have? [Y/N/S]		Enjoys interacting or being with others.
	Are there enough organized activities for you to do on the weekends? [Y/N/S]		
	Are there enough organized activities for you to do during the week? [Y/N/S]		
General Medical Care/Medicine			
	In general, how would you rate your overall health – excellent, very good, good, fair, or poor?		
	Think about all the different kinds of medicine that help you with aches and pains. This includes medicine prescribed by a doctor, as well as aspirin or Tylenol. Do you ever take any medicine to help with aches and pains? [Y/N/S]		
	What number would you use to rate how well the medicine worked to help with aches or pain? [1-10]		
	Do you visit a doctor for medical care <u>outside</u> the nursing home? [Y/N/S]		
	Do you see any doctor for medical care <u>inside</u> the nursing home? [Y/N/S]		

¹⁴ Consumer Assessment of Healthcare Providers & Systems [CAHPS]: [CAHPS Nursing Home Surveys | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/healthcare-research-and-quality/surveys/cahps/)

¹⁵ Dementia Quality of Life Measure [DEMQOL]: [DEMQOL - BSMS](https://www.bsms.ac.uk/research/dementia-quality-of-life-measure/) DEMQOL Questionnaire: [demqol-questionnaire.pdf \(bsms.ac.uk\)](https://www.bsms.ac.uk/research/dementia-quality-of-life-measure/demqol-questionnaire.pdf) Note: Another questionnaire is focused on caregivers or visitors/family members. For a copy of these questions - DEMQOL Proxy Questionnaire: [4finalquestionnaireDEMQOLPROXYwithcopyrightcorrectedMarch2011 \(bsms.ac.uk\)](https://www.bsms.ac.uk/research/dementia-quality-of-life-measure/4finalquestionnaireDEMQOLPROXYwithcopyrightcorrectedMarch2011)

¹⁶ Quality of Life in Late-Stage Dementia [QUALID] Scale: [Microsoft Word - QUALID Instructions & Scale\[1\].doc \(dementiaresearch.org.au\)](https://www.dementiaresearch.org.au/wp-content/uploads/2014/03/Microsoft-Word-QUALID-Instructions-Scale1.doc)

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	CAHPS Nursing Home Survey ¹⁷ - Long-Term Stay Resident	[DEMQOL] Dementia Quality of Life Measure ¹⁸	Quality of Life in Late Stage Dementia [QUALID] Scale ¹⁹
	Resident Interview	Resident Interview	Caregiver or Family Observations
Staff Responsiveness			
	What number would you use to rate how quickly the staff come when you call for help? [0 – 10]		
	What number would you use to rate how gentle the staff are when they're helping you? [0 – 10]		
	What number would you use to rate how respectful the staff are to you? [0 – 10]		
	What number would you use to how well the staff listen to you? [0 – 10]		
	What number would you use to rate how well the staff explain things in a way that is easy to understand? [0 – 10]		
Overall Facility Rating			
	Overall, what number would you use to rate the care you get from the staff? [0 – 10]		
	Overall, what number would you use to rate this home? [0 – 10]		
	Would you recommend this nursing home to others? [0 – 10]		

¹⁷ Consumer Assessment of Healthcare Providers & Systems [CAHPS]: [CAHPS Nursing Home Surveys | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/cahps/)

¹⁸ Dementia Quality of Life Measure [DEMQOL]: [DEMQOL - BSMS](https://www.bsms.ac.uk/demqol/) DEMQOL Questionnaire: [demqol-questionnaire.pdf \(bsms.ac.uk\)](https://www.bsms.ac.uk/demqol-questionnaire.pdf) Note: Another questionnaire is focused on caregivers or visitors/family members. For a copy of these questions - DEMQOL Proxy Questionnaire: [4finalquestionnaireDEMQOLPROXYwithcopyrightcorrectedMarch2011 \(bsms.ac.uk\)](https://www.bsms.ac.uk/4finalquestionnaireDEMQOLPROXYwithcopyrightcorrectedMarch2011/)

¹⁹ Quality of Life in Late-Stage Dementia [QUALID] Scale: [Microsoft Word - QUALID Instructions & Scale\[1\].doc \(dementiaresearch.org.au\)](https://www.dementiaresearch.org.au/microsoft-word-qualid-instructions-scale1.doc)

Part 3. Promote Early Recognition of Factors that may Indicate Resident Change in Functional Ability

Early recognition and communication of a resident's change of condition is of the utmost importance and makes it possible to intervene as soon as possible. This requires a whole staff approach to detecting a resident's change of condition and operationalizing communications throughout the organization. Using best practices such as Consistent Assignment of direct care staff makes it easier to compare even subtle changes in a resident's condition. Direct care staffs know the residents best. Ensuring that these changes are documented and communicated properly could trigger a re-assessment, convening the IDT, change in a resident's care plan, or even taking any patterns of change forward to the Quality Assurance and Performance Improvement Process.

Indication that a resident's condition is declining can manifest in many different ways, some that may not seem to have a direct correlation to the observed change in condition. For example, a decline in the desire to have meals in the dining room may have been triggered by a misunderstanding with another resident, the way in which the resident was treated by those serving the meals, feeling unwell, or news that an old friend had passed. Training on and sensitivity to signs of decline or indications of a change of condition is essential to early detection and subsequent care corrections.

It can be difficult to know what combination of circumstances might lead to a change of condition that negatively affects residents. It's easy to slip into comfortable ways of observing, working, and communicating, but sometimes that doesn't give us different ways of looking objectively at situations. Staff training on detecting resident change of condition, documenting, and communicating the perceived change of condition, is essential to broadening our understanding of resident Experience of Care.

Factors that may Indicate Resident Change in Functional Ability	
Awareness of Factors/Change in Function Ability²⁰	
Reduced reasoning & memory (Short term, intermediate, & Long Term)	Reduced cognition of people/rooms, objects, etc.
Reduced safety awareness, impulsiveness & social skills	Reduced capacity to communicate
Decline in auditory discrimination & acceptance of hearing aids	Decline in vision & increased visual distortions
Changes in sense of smell and taste	Side effects from polypharmacy/potentially inappropriate drugs
Agnosia – unable to identify objects or persons	Difficulty with coordination and motor functions
Reduced ability to organize, plan, reason or solve problems	Persistent pain – somatic, neuropathic, central processing, and psychosocial elements
Difficulty handling complex tasks	Exhibiting avoidance or agitation with certain other residents, staff, or visitors
Difficulty with coordination and motor functions	Disordered sleep – Obstructive Sleep Apnea [OSA] may be missed and reduced REM sleep depth is common in more advanced dementia allowing acting out on scary dreams (Lewy Body dementia)
Reduced stress resistance due to common medical problems like Frailty, Heart Failure, Strokes, Parkinson’s, Neuropathies, Cardio Obstructive Pulmonary Disease [COPD], Advanced Chronic Kidney Disease [CKD], Lumbar Spinal stenosis, Degenerative Joint Disease [DJD], Overactive Bladder, & Fecal Retention tendency	Serious Mental Illness [SMI] associated with earlier onset of dementia with significant distress common
Changes in preferences for privacy, modesty, same sex caregivers	Losing interest in communal dining.
Resident perception of prejudices/bias from community, staff, or other residents	Resident perception that their own cultural values are not being recognized and honored [Cultural awareness affects desired eye contact, sense of personal space, choice of attire, language, customs and dining preferences.
Possible language gaps where there are discordant Primary and English languages for staff and residents [communication difficulties]	Loss of appetite or interest in eating.
Apathy & varying degrees of resistance to basic hygiene, oral care, and bathing	Apathy to choosing clothes, makeup, and accessories to wear.
Apathy to usually preferred activities and engagement with staff, other residents, and family/friends	Impatience with the schedule of medication administration and/or treatments as disruptive
Grief over many losses and estrangement may contribute to depression, agitation & irritability	

²⁰ These Factors are not all-inclusive, but meant to trigger discussion, communication and encourage staff training.

Part 4. Practices²¹ that can Improve Resident Experience of Care

It is also important to understand ways in which a resident’s experience of care can be improved, either before or after a noted change of condition. Any number of psychosocial, physical factors, or failure to identify resident care preferences can influence, trigger, or contribute to cognitive decline or other negative manifestation. Awareness of these factors as related to the progression of dementia or other conditions can result in the identification of new care strategies to improve quality of life.

Considerations Related to Community Culture	
Identify possible prejudices/bias from within the community, SNF, Administrative Team, staff, families, and other residents and provide training to increase awareness and sensitivity.	Cultural awareness affects desired eye contact; sense of personal space; choice of attire; language; meal preferences; activities; and customs.
Expertise in awareness of unique cultural values and how that affects facility, patient, & family expectations and unintended expression of micro-aggressions.	Identify possible language gaps where there are discordant Primary and English languages for staff and residents.
Importance of Consistent Assignment.	Ensuring the voice of the CNA is respected and sought.
Importance of NHA/DON support for a community culture that embraces operations that consistently require attention to resident experience of care.	
Clinical and Caregiving Considerations	
Review schedule of medication administration and/or treatments with physician or designee to minimize burden for residents and staff [disruptive].	Hearing aids are available, maintained, and worn, and comfortable.
Staff understands the importance of not “talking over” resident in the presence of the resident.	Staff equipped to optimally assess and comfort agitated patients, wanderers, resident aggression, elopers, and those calling out “Help me, help me” (irritating the other residents in the facility).
Delivery of care that’s respectful, modesty aware, and gentle.	Frequency and approaches to bathing, showering, sponge bath and feeling of cleanliness [training on different approaches].
Demonstrated respect for preferred privacy, modesty, same sex caregivers.	Visual aids identified and used to improve communication.
Food & hydration preferences/choices recognized and access/accommodated.	Requests for help (Call light) appropriately managed with staff backup plans.
Residents benefiting from repositioning known and resourced.	Reduce early morning vital signs and med passes – if no longer necessary.
Choice of clothing at start of day with supported dressing.	Simple humor while caregiving.
Liberalized medication passing hours to minimize med passes between 3:00-6:00 p.m. and have option for early med passes for those preferring early bedtime.	Picture-cards for supporting staff communication re ADL care interventions.

²¹ These practices are not all-inclusive, but meant to trigger discussion, communication and encourage staff training and a fresh look at how resident experience of care can be improved.

Clinical and Caregiving Considerations [Cont'd]	
Detailed care plans that support remaining function and reflecting individual preferences.	
Consideration of Physical and Emotional Comfort	
Hearing aids are available, maintained, worn, and comfortable.	Comfort options for warm soft throw blanket in cool weather, hand fans and maintaining comfortable temperature in community.
Weekend activity options adequately resourced with alternatives when staff shortages.	Optimal facility/room ambient temperature – caps in cold weather for bald heads.
Preferred music known and readily available – includes music of a certain era, musician/singer, language.	Visits by family and friends are encouraged, accommodated with private spaces, and supported (virtual, Digital memory books, etc.).
Spiritual and religious preferences known and supported.	Have thorough knowledge of the resident's past – what they enjoyed, disliked, careers, travel, social preferences, and other life experiences prior to the onset of dementia.
Missing a pet, or pet visits and favorite props such as stuffed animals, dolls, etc.	Meaningful activity preferences known and accommodated for each individual.
Promote resident's sense of safety and security.	Frequency and approaches to bathing, showering, sponge bath and feeling of cleanliness [training on different approaches].
Hopes & key goals of care known and supported.	Option for weighted blankets for improving sleep.
Optimal sensory stimulation of senses:	Using an appropriate tone when engaged and communicating with resident.
<ul style="list-style-type: none"> • Smells and tastes to favorably stimulate memory 	Daily exercise program to maintain wellness and reduce anxiety and irritability to suit the abilities of each resident.
<ul style="list-style-type: none"> • Sounds to engage the brain 	Sleep preferences known and accommodated.
<ul style="list-style-type: none"> • Music 	Gentle touch – massage, rubbing creams or scented oils on hands & feet.
<ul style="list-style-type: none"> • Memorable voice & video recordings 	Importance of uninterrupted sleep, significantly reduce noise [sleep hygiene].
<ul style="list-style-type: none"> • Favorite movies, but minimize evening news programs, unless preferred. 	

Environmental Considerations

- Everyone has their own ideas of what it means to live in a comfortable, satisfying environment. How much more so, is environment important for residents’ quality of life. Residents with dementia diagnoses can be far more sensitive to environments that are disruption, change, provide comfort or discomfort, hold interest and engagement, and contribute to an overall sense of well-being.
- Each resident will have individual preferences to make their environment more comfortable and less distressing. Recognizing those preferences and choices is essential to resident quality of life. The following environmental factors can contribute to a pleasing environment or can exacerbate symptoms associated with dementias, and thus decrease quality of life.

Consideration of private rooms upon request or only one other roommate.	Private bathrooms, or bathrooms shared with only one other roommate.
Ensure roommate compatibility.	Aromatherapy options and malodor control.
Optimal morning sun or blue light exposure to help set residents internal sleep clock.	Sensory quiet living rooms or spaces in facilities for residents needing/wanting less stimulation and an area to relax that feels like home.
Provide space and time for “down time” – rocking chairs, quiet rooms, etc.	Room clutter minimized with safe routes to/from bathroom.
Facility resident rooms with unique visual identifiers and personalized rooms.	Visual stimulation that’s pleasant & engaging.
Distorted beliefs known and plan for optimal staff expertise & management.	Sharp color contrasts in key patient care areas to reduce resident confusion.

Section 2: PERTINENT HIGH-LEVEL ELEMENTS OF THE RAI 3.0 v1.18.111 October 2023²²

- The Resident Assessment Instrument [RAI] Manual offers clear guidance about how to use the Resident Assessment Instrument (RAI) correctly and effectively to help provide appropriate care. Providing care to residents with post-hospital and long-term care needs is complex and challenging work. Clinical competence, observational, interviewing, and critical thinking skills, and assessment expertise from all disciplines are required to develop individualized care plans.
- The RAI helps nursing home staff gather definitive information on a resident's strengths and needs, which must be addressed in an individualized care plan. It also assists staff with evaluating goal achievement and revising care plans accordingly by enabling the nursing home to track changes in the resident's status. As the process of problem identification is integrated with sound clinical interventions, the care plan becomes each resident's unique path toward achieving or maintaining their highest practical level of well-being.
- The RAI helps nursing home staff look at residents holistically—as individuals for whom quality of life and quality of care are mutually significant and necessary. Interdisciplinary use of the RAI promotes this emphasis on quality of care and quality of life. Nursing homes have found that involving disciplines such as dietary, social work, physical therapy, occupational therapy, speech language pathology, pharmacy, and activities/recreational therapy in the RAI process has fostered a more holistic approach to resident care and strengthened team communication.
- The RAI consists of three basic components: The Minimum Data Set (MDS) Version 3.0, the Care Area Assessment (CAA) process and the RAI Utilization Guidelines. The utilization of the three components of the RAI yields information about a resident's functional status, strengths, weaknesses, and preferences, as well as offering guidance on further assessment once problems have been identified.

²² To Download/View the Resident Assessment Instrument [RAI] Manual 3.0 v1.18.111 [October 23]: [Minimum Data Set \(MDS\) 3.0 Resident Assessment Instrument \(RAI\) Manual | CMS](#) [Bottom of web page]

The following chart provides a high-level summary of those RAI Sections that provide information about a resident’s experience of care. These data elements integrate nicely with Experience of Care Survey Elements and questions asked via the three [3] Experience of Care Surveys in the body of this document. *To ensure that you are using the most current RAI Manual visit the CMS weblink at: [Minimum Data Set \(MDS\) 3.0 Resident Assessment Instrument \(RAI\) Manual | CMS](#)*

RAI 3.0 Sections: Description and Intent
Section A: Identification Information
<u>Intent:</u> The intent of this section is to obtain the reasons for assessment, administrative information, and key demographic information to uniquely identify each resident, potential care needs including access to transportation, and the home in which they reside
Section B: Hearing, Speech, and Vision
<u>Intent:</u> The intent of items in this section is to document whether the resident is comatose, the resident’s ability to hear (with assistive hearing devices, if they are used), understand, and communicate with others, and the resident’s ability to see objects nearby in their environment.
Section C: Cognitive Patterns
<u>Intent:</u> To determine the resident’s attention, orientation, and ability to register and recall new information and whether the resident has signs and symptoms of delirium. These items are crucial factors in many care-planning decisions.
Section D: Mood
<u>Intent:</u> To address mood distress and social isolation. Mood distress is a serious condition that is underdiagnosed and undertreated in the nursing home and is associated with significant morbidity. It is particularly important to identify signs and symptoms of mood distress among nursing home residents because these signs and symptoms can be treatable. Social isolation refers to an actual or perceived lack of contact with other people and tends to increase with age. It is a risk factor for physical and mental illness, is a predictor of mortality, and is important to assess in order to identify engagement strategies.
Section E: Behavior
<u>Intent:</u> The items in this section identify behavioral symptoms in the last seven days that may cause distress to the resident, or may be distressing or disruptive to facility residents, staff members or the care environment. These behaviors may place the resident at risk for injury, isolation, and inactivity and may also indicate unrecognized needs, preferences, or illness. Behaviors include those that are potentially harmful to the resident ☹. The emphasis is identifying behaviors, which does not necessarily imply a medical diagnosis. Identification of the frequency and the impact of behavioral symptoms on the resident and on others is critical to distinguish behaviors that constitute problems from those that are not problematic. Once the frequency and impact of behavioral symptoms are accurately determined, follow-up evaluation and care plan interventions can be developed to improve the symptoms or reduce their impact.
This section focuses on the resident’s actions, not the intent of their behavior. Because of their interactions with residents, staff may have become used to the behavior and may underreport or minimize the resident’s behavior by presuming intent (e.g., “Resident A doesn’t really mean to hurt anyone. They’re just frightened.”). Resident intent should not be taken into account when coding for items in this section.

RAI 3.0 Sections: Description and Intent [Cont'd]
Section F: Preference for Customary Routine and Activity
<u>Intent:</u> The intent of items in this section is to obtain information regarding the residents' preferences for their daily routine and activities. This is best accomplished when the information is obtained directly from the resident or through family or significant other, or staff interviews if the resident cannot report preferences. The information obtained during this interview is just a portion of the assessment. Nursing homes should use this as a guide to create an individualized plan based on the resident's preferences and is not meant to be all-inclusive.
Section G: Functional Abilities and Goals
<u>Intent:</u> This section includes items about functional abilities and goals. It includes items focused on prior function, admission and discharge performance, discharge goals, performance throughout a resident's stay, mobility device use, and range of motion. Functional status is assessed based on the need for assistance when performing self-care and mobility activities.
Section H: Bladder and Bowel
<u>Intent:</u> The intent of the items in this section is to gather information on the use of bowel and bladder appliances, the use of and response to urinary toileting programs, urinary and bowel continence, bowel training programs, and bowel patterns. Each resident who is incontinent or at risk of developing incontinence should be identified, assessed, and provided with individualized treatment (medications, non-medicinal treatments and/or devices) and services to achieve or maintain as normal elimination function as possible
Section I: Active Diagnoses
<u>Intent:</u> The items in this section are intended to code diseases that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring, or risk of death. One of the important functions of the MDS assessment is to generate an updated, accurate picture of the resident's current health status.
Section J: Health Conditions
<u>Intent:</u> The intent of the items in this section is to document a number of health conditions that impact the resident's functional status and quality of life. The items include an assessment of pain which uses an interview with the resident or staff if the resident is unable to participate. The pain items assess the management of pain, the presence of pain, pain frequency, effect of pain on sleep, and pain interference with therapy and day-to-day activities. Other items in the section assess dyspnea, tobacco use, prognosis, problem conditions, falls, prior surgery, and surgery requiring active SNF care.
Section K: Swallowing and Nutritional Status
<u>Intent:</u> The items in this section are intended to assess the many conditions that could affect the resident's ability to maintain adequate nutrition and hydration. This section covers swallowing disorders, height and weight, weight loss, and nutritional approaches. The assessor should collaborate with the dietitian and dietary staff to ensure that items in this section have been assessed and calculated accurately
Section L: Oral/Dental Status
<u>Intent:</u> This item is intended to record any dental problems present in the 7-day look-back period

RAI 3.0 Sections: Description and Intent [Cont'd]

Section M: Skin Condition

Intent: The items in this section document the risk, presence, appearance, and change of pressure ulcers/injuries. This section also notes other skin ulcers, wounds, or lesions, and documents some treatment categories related to skin injury or avoiding injury. It is important to recognize and evaluate each resident’s risk factors and to identify and evaluate all areas at risk of constant pressure. A complete assessment of skin is essential to an effective pressure ulcer prevention and skin treatment program. Be certain to include in the assessment process a holistic approach. It is imperative to determine the etiology of all wounds and lesions, as this will determine and direct the proper treatment and management of the wound.

CMS is aware of the array of terms used to describe alterations in skin integrity due to pressure. Some of these terms include: pressure ulcer, pressure injury, pressure sore, decubitus ulcer, and bed sore. Acknowledging that clinicians may use and documentation may reflect any of these terms, it is acceptable to code pressure-related skin conditions in Section M if different terminology is recorded in the clinical record, as long as the primary cause of the skin alteration is related to pressure. For example, if the medical record reflects the presence of a Stage 2 pressure injury, it should be coded on the MDS as a Stage 2 pressure ulcer.

Section N: Medications

Intent: The intent of the items in this section is to record the number of days, during the last 7 days (or since admission/entry or reentry if less than 7 days) that any type of injection, insulin, and/or select medications were received by the resident.

In addition, two medication sections have been added. The first is an Antipsychotic Medication Review. Including this information will assist facilities to evaluate the use and management of these medications. Each aspect of antipsychotic medication use and management has important associations with the quality of life and quality of care of residents receiving these medications. The second is a series of data elements addressing Drug Regimen Review. These data elements document whether a drug regimen review was conducted upon the start of a SNF PPS stay through the end of the SNF PPS stay and whether any clinically significant medication issues identified were addressed in a timely manner

Section O: Special Treatments, Procedures and Programs

Intent: The intent of the items in this section is to identify any special treatments, procedures, and programs that the resident received or performed during the specified time periods.

Section P: Restraints and Alarms

Intent: The intent of this section is to record the frequency that the resident was restrained by any of the listed devices or an alarm was used, at any time during the day or night, during the 7- day look-back period. Assessors will evaluate whether or not a device meets the definition of a physical restraint or an alarm and code only the devices that meet the definitions in the appropriate categories.

Section Q: Participation in Assessment and Goal-Setting

Intent: Interviewing the resident or designated individuals places the resident or their family at the center of decision-making. The items in this section are intended to record the participation and expectations of the resident, family members, or significant other(s) in the assessment, and to understand the resident’s overall goals. Discharge planning follow-up is already a regulatory requirement (CFR83.21(c)(1)). Section Q of the MDS uses a person-centered approach to ensure that all individuals have the opportunity to learn about home- and community-based services and to receive long term care in the least restrictive setting possible. This may not be a nursing home. This is also a civil right for all residents

Section 3: Resources by Topic²³

Source	Description	Link	Cost?
Consistent Assignment			
California Culture Change Coalition/ B&F Consulting	Consistent Assignment Implementation Kit: A How-To for Implementing Consistent Assignment in Ten Steps	db6a43_6b066733b3a7408eb8c9101ec25fc397.pdf (leadingageca.org)	No
California Partnership to Improve Dementia Care Resources			
California Partnership to Improve Dementia Care	CNA New Hire Orientation Toolkit 2023	Partnership CNA Orientation Tool Kit.pdf (leadingageca.org)	No
	CNA New Hire Orientation Toolkit 2023, Companion PPT	Morning Conversations: (leadingageca.org)	No
	Videos and Power Point Presentation on Multiple Dementia Care Related Topics: 2020, 2021, & 2023	California Partnership for Improved Dementia Care and Other Resources for Dementia Care (leadingageca.org)	No
Change of Condition & Resident Safety			
Agency for Healthcare Research & Quality [AHRQ] ²⁴	Patient Safety Training Module #1: Detecting Change in a Resident's Condition	Module 1: Detecting Change in a Resident's Condition Agency for Healthcare Research and Quality (ahrq.gov)	No
<i>Note: Excellent materials with lesson plans, learning objectives, translating teaching into practice, etc.</i>	Patient Safety Training Module #2: Communicating Change in a Resident's Condition	Module 2: Communicating Change in a Resident's Condition Agency for Healthcare Research and Quality (ahrq.gov)	No
	Patient Safety Training Module #3: Falls Prevention and Management	Module 3: Falls Prevention and Management Agency for Healthcare Research and Quality (ahrq.gov)	No
	Instructor's Guide to Modules #1, #2, & #3	Improving Patient Safety in Long-Term Care Facilities Agency for Healthcare Research and Quality (ahrq.gov)	No
Dementia Australia	Help Sheets	Help sheets Dementia Australia	No
Florida Atlantic University	Stop & Watch Tool, Checklist [single tool]	INTERACT Stop and Watch Early Warning Tool.pdf	No
	Stop & Watch Tool, Checklist [2 checklists on single page]	earlyWarning_halfsheet	No
Institute for Healthcare Improvement	SBAR Communications Form & Progress Notes	SafetyToolkit_SBAR.pdf (ihi.org)	No
Briggs Healthcare	SBAR Communications Form & Progress Notes: Interact	INTERACT® SBAR Communication Form and Progress Note for RNs/LPNs/LVNs - DIGITAL FORM (briggshealthcare.com)	Yes

²³ In addition to the resources offered in these charts, there are resources specifically designed for new staff orientation and training in the companion Partnership product: **Toolkit for New Staff Orientation Training Toolkit** which can be accessed at: [California Partnership for Improved Dementia Care and Other Resources for Dementia Care \(leadingageca.org\)](#)

Source	Description	Link	Cost?
Delirium and Degree of Cognitive Impairment			
American Delirium Society	Confusion Assessment Method [CAM] Training Manual & Coding Guide	CAM-Long Training-Manual.pdf (americandeliriumsociety.org)	No
Saint Louis University	Rapid Cognitive Screening Tool	rapid-cognitive-screen.pdf (slu.edu)	No
Saint Louis University	Saint Louis University Mental Status [SLUM] Examination	slums_form.pdf	No
Health Improvement Scotland	SIGN 157 – Risk Reduction and Management of Delirium	sign157.pdf	No
Mini-Cog	Mini-Cog: Quick Screening for Early Dementia Detection	Mini-Cog® – Quick Screening for Early Dementia Detection	No
Hartford Healthcare Center for Healthy Aging	Functional Assessment Screening Tool [FAST] Assessment for determining stages of dementia	dementia---fast-scale.pdf (hartfordhealthcare.org)	No
Disordered Sleep			
California Culture Change Coalition	Tips for Treating Insomnia in the Elderly [34 minute video], 2015	Webinar 2: Tips for Treating Insomnia in the Elderly (youtube.com)	No
Sleepopolis	The Ultimate Guide to Sleeping in a Nursing home, 2023	The Ultimate Guide to Sleeping in a Nursing Home Sleepopolis	No
National Library of Medicine	Research Articles on Sleep Disturbances in Nursing Homes	Sleep disturbances in nursing homes - PubMed (nih.gov)	
Potentially Inappropriate Medication			
American Geriatrics Society	Updated Beers Criteria for Potentially Inappropriate Medication [PIM] in Older Adults 2023	American Geriatrics Society 2023 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults (wiley.com)	No
	Pocket Care, App, etc.	Geriatrics Care Geriatric Resources Online events Updates - Geriatrics Care Online	Yes
Sight and Hearing Loss in Dementia			
Alzheimer’s Society [UK]	Sight and Hearing Loss with Dementia	Sight and hearing loss with dementia Alzheimer's Society (alzheimers.org.uk)	No
Unrecognized Pain			
Posted by MDApp	Pain Assessment in Advanced Dementia [PAINAD]	Pain Assessment in Advanced Dementia (PAINAD) Scale Calculator (mdapp.co)	No
Geriatric Tool Kit - Missouri	PAINAD in different format	painad.pdf (missouri.edu)	No
Posted by National Center for Biotechnology Information	Abbey Pain Assessment Scale	Abbey Pain Scale.pdf (apsoc.org.au)	No

Source	Description	Link	Cost?
Depression and/or Anxiety			
UCLA	Patient Health Questionnaire [PHQ] – 2 Screens for depression, does not diagnose, contains first two questions from PHQ -9	depression-screen.pdf (uclahealth.org)	No
	Patient Health Questionnaire [PHQ] - 9	depression-screen.pdf (uclahealth.org)	No
Stanford University	Geriatric Depression Scale [GDS] – Short Form	Geriatric Depression Scale Short Form English Scoring (stanford.edu)	No
	Geriatric Depression Scale [GDS] – Long Form	Geriatric Depression Scale Long Form English (stanford.edu)	No
MDCalc	General Anxiety Disorder [GAD] 7	GAD-7 (General Anxiety Disorder-7) (mdcalc.com)	
Complicated Grief			
Cornell University	Prolonged or Complicated Grief	pg-13-r_0.pdf (cornell.edu)	No
Post-Traumatic Stress Disorder [PTSD]			
U.S. Dept. of Veteran’s Affairs: National Center for PTSD	Includes information on screening & assessment tools including: Primary Care PTSD Screen [DSM-5];	List of All Measures - PTSD: National Center for PTSD (va.gov)	No
Trauma-Informed Care			
Center for Health Care Strategies	Trauma-Informed Care Implementation Resource Center	What is Trauma-Informed Care? - Trauma-Informed Care Implementation Resource Center (chcs.org)	No
	Issue Brief: Key Ingredients for Successful Trauma-Informed Care Implementation	Key Ingredients for Successful Trauma-Informed Care Implementation (samhsa.gov)	No
Substance Abuse & Mental Health Services Administration [SAMHSA]	Trauma-Information Care	Trauma-Informed Care (Webpage) SAMHSA	No
Resident-to-Resident Aggression			
Cornell University College of Human Ecology	Improving Resident Relations in Long-Term Care [IRRL]	Improving Resident Relationships in Long-Term Care (IRRL) - CITRA (cornell.edu)	No
Best Practices			
HSAG	Care Coordination Resources:	HSAG	No

CALIFORNIA PARTNERSHIP TO IMPROVE DEMENTIA CARE: A TOOLKIT FOR DISCOVERING RESIDENT EXPERIENCE OF CARE

Source	Description	Link	Cost?
Bathing and Hygiene			
University of North Carolina	Bathing Without a Battle	Bathing without a Battle (unc.edu)	Yes \$60
	Mouth Care Without a Battle	Mouth Care Without a Battle	Yes
HATCh: Holistic Approach to Transformational Change	A Pleasant Bathing Experience	Microsoft Word - Pleasant Bathing_092407-final.doc (leadingageca.org)	No
Unknown: Gathered by the CA Culture Change Coalition	Creative Bathing Techniques	Creative Bathing Techniques (leadingageca.org)	No
Dining and Nutrition			
Irish Dietetic & Nutrition Institute	Dementia: The Dining Experience	Dementia; The Dining Experience - INDI	No
	Feeding Strategies in Dementia	Feeding Strategies in Dementia - INDI	No
	Nutrition and Dementia: A Practical Guide when Caring for a Person with Dementia	Nutrition and Dementia Booklet March 2021 Update.pdf (alzheimer.ie)	No
Activities and Social Engagement			
Careforth	50 Tips to keep Residents with Dementia engaged	Activities for Dementia Patients: 30 Expert Tips (careforth.com)	No
Dementia Australia	Dementia Australia has excellent videos on Meaningful Activities [Available in multiple languages]:	Help sheets Dementia Australia	No
Insight Memory Care Center	The Art of Activities and Engagement:	The Art of Activities and Engagement (insightmcc.org)	No
Environmental Considerations			
Lois Cutler & Rosalie Kane	Practical Strategies to Transform Nursing Home Environments	db6a43_aa9a10ad99c24ac9aca49f1a3b394df6.pdf (leadingageca.org)	No
Alzheimer's Society [UK]	Dementia-Friendly Environmental Checklist	Dementia-friendly environment checklist Alzheimer's Society (alzheimers.org.uk)	No
Alzheimer's Association	Designing Environments for Dementia [List of resources]	Designing Environments for Dementia (alz.org)	No
The Gerontologist	The Influence of the Physical Environment on Residents With Dementia in Long-Term Care Settings: A Review of the Empirical Literature, 2017	Influence of the Physical Environment on Residents With Dementia in Long-Term Care Settings: A Review of the Empirical Literature The Gerontologist Oxford Academic (oup.com)	No

CALIFORNIA PARTNERSHIP TO IMPROVE DEMENTIA CARE: A TOOLKIT FOR DISCOVERING RESIDENT EXPERIENCE OF CARE

Source	Description	Link	Cost?
Environmental Considerations [Cont'd]			
National Academies of Sciences, Committee on the Quality of Care in Nursing Homes.	Importance of Sensory Perceptions in the Nursing Home Setting [Table from <i>The National Imperative to Improve Nursing Home Quality</i>], 2022.	TABLE 6-2, Importance of Sensory Perceptions in the Nursing Home Setting - The National Imperative to Improve Nursing Home Quality - NCBI Bookshelf (nih.gov)	No
	The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff, 2022.	Nursing Home Environment and Resident Safety - The National Imperative to Improve Nursing Home Quality - NCBI Bookshelf (nih.gov)	No
ACC Care Center, U.S. Dept. of Energy, Office of Energy Efficiency and Renewable Energy	Measuring Light Exposure and its Effects on Sleep and Behavior in Care Center Residents, 2019	Measuring Light Exposure and its Effects on Sleep and Behavior in Care Center Residents (energy.gov)	No
U.S. Dept. of Energy, Office of Energy Efficiency and Renewable Energy	Fact Sheet: Tunable White Lighting at the ACC Care Center, 2016	Tunable-White Lighting at the ACC Care Center (energy.gov)	No
Brown University, Center for Long Term Care and Innovation	Tuned Lighting helps Nursing Home Residents get Better Sleep, Study Finds, October 2020	Tuned lighting helps nursing home residents get better sleep, study finds Brown University	No
Undark	Age of Enlightenment: The Promise of Circadian Lighting, May 2018.	Age of Enlightenment: The Promise of Circadian Lighting (undark.org)	No
Provider Magazine	Tunable Lighting Makes Big Impact on Residents, 2017	Tunable Lighting Makes Big Impact on Residents (providermagazine.com)	No
Ed Long, Planetree, Parkside Special Care Center	Bringing Home to the Nursing Home: Creating a Calm Environment	Bringing Home to the Nursing Home (leadingageca.org)	No
Quality Improvement and Performance Improvement [QAPI]			
Centers for Medicare & Medicaid Services [CMS]	QAPI Description and Background	QAPI Description and Background CMS	No
	QAPI Written Plan: How-To Guide	QAPI Written Plan How-To Guide (cms.gov)	No
	Guide for Developing a QAPI Plan	QAPIPlan.pdf (cms.gov)	No
HSAG	QAPI videos, Self-assessment tools, Performance Improvement Projects [PIP], & Root Cause Analysis	HSAG	No