



mln call

A MEDICARE LEARNING NETWORK® (MLN) EVENT

National Partnership to Improve Dementia Care in Nursing Homes & Quality Assurance and Performance Improvement

March 3, 2020



Acronyms in this Presentation

- ADL: Activities of Daily Living
- CMPRP: Civil Money Penalty Reinvestment Program
- CMS: Centers for Medicare & Medicaid Services
- DREAM: Developing a Restful Environment Action Manual
- H2T: Head to Toe
- PDSA: Plan, Do, Study, Act
- SBAR: Situation, Background, Assessment, Recommendation
- SME: Subject Matter Expert



Agenda

- **Centers for Medicare & Medicaid Services (CMS) Civil Money Penalty Reinvestment Program (CMPPR) Toolkits**
Cathleen Lawrence, Michele Laughman, and Sheila Hanns, CMS
- **National Partnership Updates**
Dara Graham, CMS



CMS CMPRP Toolkits

Presenters:

Cathleen Lawrence
Michele Laughman
Sheila Hanns

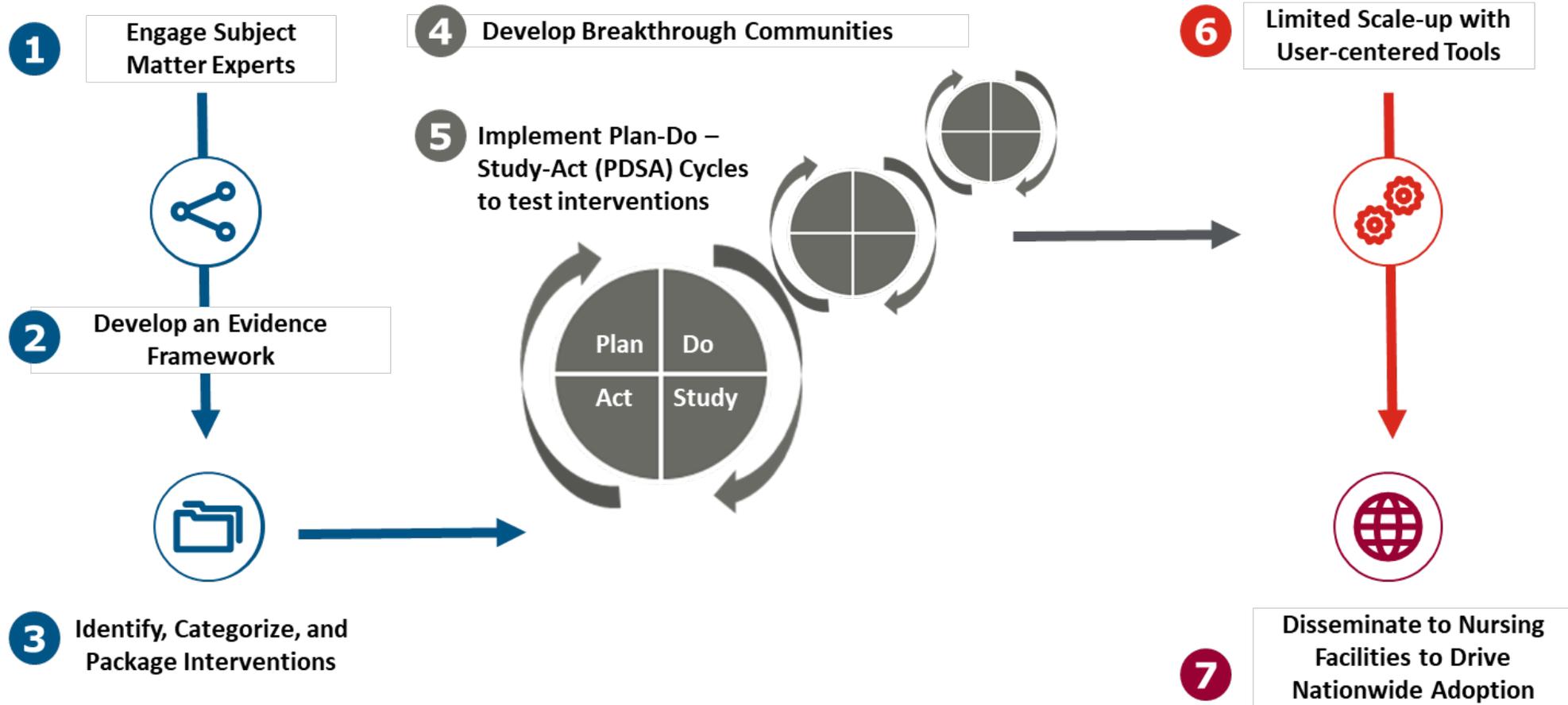


Agenda

- Overall approach
- Breakthrough Community design
- Head to Toe (H2T) Toolkit for infection prevention
- Developing a Restful Environment Action Manual (DREAM) Toolkit for sleep improvement
- Staffing Toolkits for staff sufficiency, competency, and performance

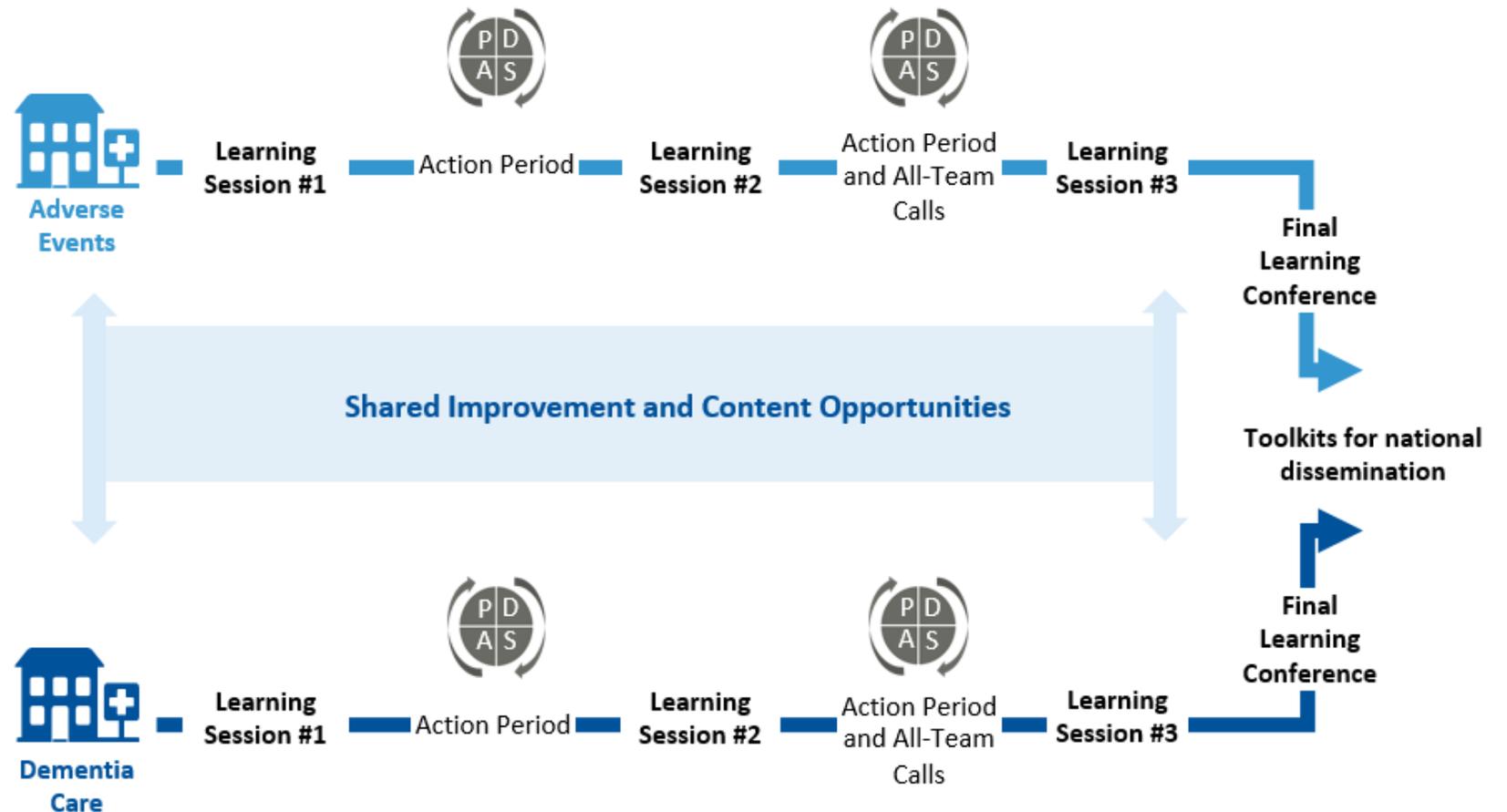


Overall Approach



Breakthrough Community Design

The Breakthrough Community is a learning collaborative model that brings together groups of health care facilities to try new approaches and use data to understand what works. Tools are developed and tested in the community, which generates insights that serve as a foundation for national dissemination.



H2T Toolkit for Infection Prevention



Adverse Events Breakthrough Community: The Journey and What We Learned

- The Breakthrough Community on Adverse Events focused on reducing adverse events in long-term care settings
- Nursing homes attended learning events on staff stability, communication, root cause analysis, fall prevention, sleep hygiene, and how these strategies can reduce adverse events
- The process highlighted key insights on how nursing homes implement quality improvement efforts, such as:
 - A common focus on improving staff buy-in and follow-through in quality improvement efforts
 - Significant interest in customizable strategies and tools that homes can easily integrate into their routines
 - A desire for quality improvement resources that help staff provide better person-centered care



Why infection prevention?

- According to the 2014 Office of the Inspector General report:
 - 79% of residents who experienced an adverse event experienced harm that required prolonged stay, transfer, or hospitalization
 - 59% of adverse events in nursing homes were preventable
 - 26% of adverse events were related to infections
- The most common infections in U.S. nursing homes were:
 - Urinary tract infections
 - Pneumonia
 - Soft tissue and skin infections

The H2T Toolkit promotes a wellness approach to reducing the most common infections in nursing homes through excellent Activities of Daily Living (ADL) care

Source: Levinson, D. R., & General, I. (2014). Adverse events in skilled nursing facilities: National incidence among Medicare beneficiaries. *Washington DC: Department of Health and Human Services.*



Head to Toe: Implementation Guide



Preventing infections can minimize harm to residents, save resources, and uplift a home's reputation.

79%
of residents who experience an adverse event experience harm that requires prolonged stay, transfer, or hospitalization.

How can *Head to Toe* help prevent infections?

One of the best ways to reduce preventable adverse events is to empower nurse aides in their roles as the first line of defense against infections. **The activities of daily living (ADL) care provided by nurse aides can help prevent the most common infections in nursing homes (pneumonia, skin infections, and UTIs).** The *Head to Toe* Toolkit provides education and tools to help clinical teams enhance the work they already do to prevent these common infections.

What are the benefits of implementing *Head to Toe*?

Head to Toe aims to improve quality of care by using your nursing home's available resources. This toolkit offers a variety of approaches to infection prevention that will help your nursing home work toward the following goals:

- Reducing incidence of pneumonia, skin infections, and UTIs
- Enhancing infection prevention and antibiotic stewardship efforts to reduce *Clostridioides difficile* (commonly known as *C. diff*) infections and incidence of sepsis
- Improving quality of life and quality of care for your residents



Reducing infections can help your home manage resources and provide better quality of life for both residents and staff.

59%
of adverse events in nursing homes are preventable.

26%
of adverse events in nursing homes are related to infections that may be preventable.

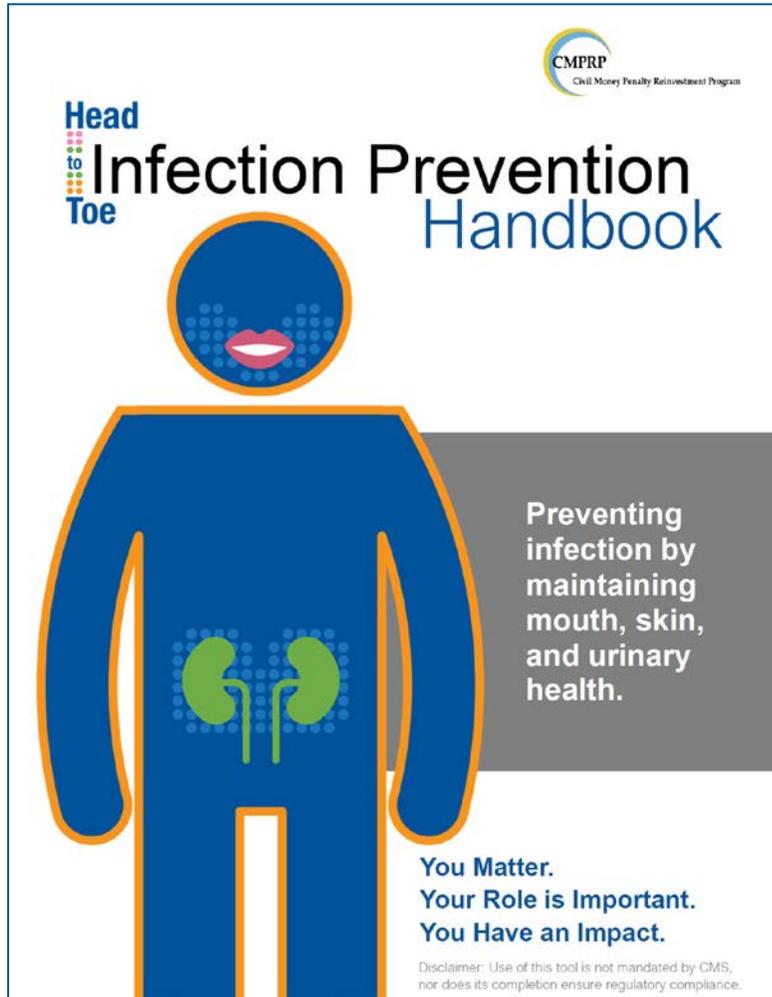
Disclaimer: Use of this tool is not mandated by CMS, nor does its completion ensure regulatory compliance.

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- Audience: Nursing home leadership, including Administrator, Director of Nursing, and corporate leadership (if applicable)
- Goal: Generate leadership buy-in and outline how to implement the Toolkit
- Content: Describe the Toolkit, potential benefits of implementation, how to get started, and the different pieces, including:
 - Educational Materials for Care Team and Loved Ones
 - Infection Prevention Handbook
 - Staff Presentation
 - Resource for Residents and Loved Ones
 - Tools for the Clinical Team
 - Observation Guide
 - Customizing Care Tool
 - Suspected Infection Investigation Tool



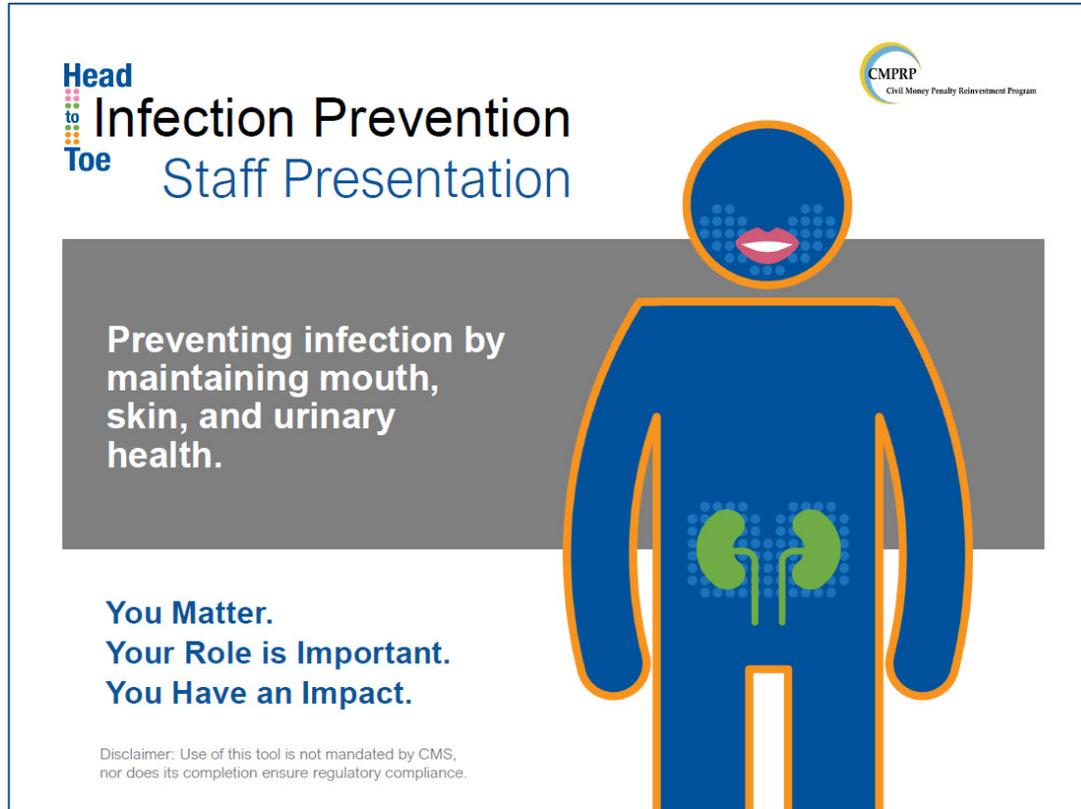
Head to Toe: Infection Prevention Handbook



- Audience: Care team
- Goal: Explain the connection between ADL care and infections that occur in the mouth, skin and urinary systems
- Content: Best practices and interventions to prevent infections in the mouth, skin, and urinary systems through person-centered ADL care



Head to Toe: Staff Presentation



The graphic features a blue human silhouette with an orange outline. The head is a blue circle with a pink mouth and blue dots representing facial features. The torso is blue with green kidneys and a blue ureter. The legs are blue with a white vertical line representing the front. The background is a light gray rectangle.

Head to Toe
Infection Prevention Staff Presentation

Preventing infection by maintaining mouth, skin, and urinary health.

**You Matter.
Your Role is Important.
You Have an Impact.**

Disclaimer: Use of this tool is not mandated by CMS, nor does its completion ensure regulatory compliance.

CMPRP
Civil Money Penalty Reinvestment Program

- Audience: Care team
- Goal: Supplement the Handbook by highlighting the most important educational information in a verbal, visual, and interactive manner
- Content: Modular training materials for use together or in small increments, including case studies and interactive practice activities

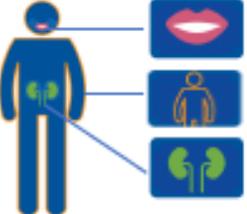


Head to Toe: Resource for Residents and Loved Ones

Head to Toe
Infection Prevention for Residents

Our bodies have natural defenses against harmful germs. It is important to protect these defenses in order to prevent common infections. For many residents in nursing homes, these defenses may be weakened due to illness or the natural aging process.

The mouth, skin, and urinary tract are important areas to protect to keep residents infection-free.



- The mouth is an entry point for bacteria that can travel to the lungs. This bacteria can cause pneumonia.
- The skin is our largest organ and the first line of defense against infections. A break in the skin allows bacteria to enter the body which can lead to a skin infection.
- The urinary tract makes and stores urine, one of the waste products of the body. Urinary tract infections occur in this body system.

What is your role in infection prevention?

Everyone has a role to play in preventing infections! Here are some things you can do to keep the nursing home environment infection-free.

If you are a nursing home resident:

- Remember to perform or ask staff for assistance in daily care including oral hygiene, bathing, staying hydrated, and using the bathroom regularly.
- Wash your hands to prevent the spread of germs before and after meals as well as after using the restroom.
- Ensure nursing home staff are aware of your care preferences and sensitivities so that they can provide the best care in line with your specific needs.
- If you are independent in care, talk with nursing home staff to ensure you are informed about important steps to take to be infection-free.
- Notify the nursing home staff if you have any concerns about your care or have any signs of an infection.



If you are visiting a loved one in a nursing home:

- Wash your hands before entering the nursing home.
- Refrain from visiting the nursing home while you are sick, unless it is an emergency.
- Assist your loved one in communicating their care preferences and sensitivities to the nursing home care team.

Medicine isn't always the answer.

Your care team works together to decide if an antibiotic is necessary. Receiving antibiotics you do not need increases the risk for other infections such as infectious diarrhea (commonly known as C. diff). If you have questions about antibiotic medications, speak with the nurse.

- Audience: Residents and loved ones involved in the resident's care decisions, such as family members, friends, and representatives
- Goal: Support the nursing home's infection prevention efforts by educating residents and their loved ones on how they can contribute to an infection-free environment
- Content: Educational information about the connection between infection prevention and mouth, skin, and urinary health, as well as actions residents and loved ones can take to prevent infection



Head to Toe: Observation Guide

For Nurse Aide

Head to Toe

When providing care, notify the nurse if you observe any of these changes in condition.



GENERAL:

- Is the resident less active than usual?
- Any change in appetite, food, or fluid intake?
- Any complaints/non-verbal expressions of pain (e.g., guarding, wincing, groaning)?

MOUTH:

- Any difficulty chewing, refusal to eat, or only chewing on one side of the mouth?
- Do the gums, lips, cheeks, or tongue seem very dry or cracked?
- Any redness or bleeding in the mouth or gums?
- Any concern for fit of dentures or dental appliances?
- Are there food particles in the mouth after eating that cannot be easily removed?
- Any white patches on the tongue and/or cheeks?
- Any bad breath?

SKIN:

- Any redness, bruising, bleeding, or texture changes to the skin?
- Are toenails or fingernails discolored? Is there any dirt stuck underneath?
- Are there any new cuts, wounds, or scrapes?
- Are there any areas that are warm or hot to touch?
- Any drainage or odor changes to the skin?
- Is the skin flaky or crusted?

URINARY TRACT:

- Any change in urine color, odor, or clarity? Can you see any blood in the urine?
- Any change in the amount of urine (e.g., new incontinence, frequent urination, not producing urine)?
- Any pain or burning when urinating? Any pain above the pubic area or in the lower back?
- Any concerns for dehydration?

For Licensed Nurse

Head to Toe

Always observe for changes in condition. Work as a team and notify the medical provider when appropriate.



GENERAL CONSIDERATIONS:

- Has there been a change in appetite, energy, mood, or orientation?
- Any signs of sepsis including fever, shivering, tachycardia, tachypnea, diaphoresis, or confusion?

DETERMINE IF THE RESIDENT IS AT RISK FOR A PNEUMONIA:

- Any change in respiratory rate or O₂ saturation from baseline?
- Are the resident's lung sounds different than baseline?
- Any newly developed or worsening pain while breathing or coughing?
- Any coughing or shortness of breath? If coughing, is the cough productive?
- Any cyanosis present on the extremities or around the mouth?
- History of known/suspected dysphagia? Has the resident recently vomited or choked?

DETERMINE IF THE RESIDENT IS AT RISK FOR A SKIN INFECTION:

- Are any areas of the skin open, red, warm, or swollen? Any presence of drainage?
- Does the resident have newly developed or worsening pain at the affected site?
- Is any wound or incision site weeping, discolored, or smelly?
- History of edema, eczema, venous insufficiency, skin or soft tissue infections, or other skin disorders?

DETERMINE IF THE RESIDENT IS AT RISK FOR A URINARY TRACT INFECTION:

- Any new or worsening urinary incontinence, urgency, frequency, dysuria, or gross hematuria?
- Any fever, shaking, chills, or flank pain?
- Is the resident experiencing a sense of pressure/pain in lower abdomen, side, or back? Any pain above the pubic area? Any swelling or tenderness of the external genitalia?
- Any signs of dehydration – dry oral mucosa/lips, tenting skin, decreased urine output with darker color/reduced clarity/odor, or headache?
- Does the resident have an indwelling catheter in place/recently removed?

- Audience: Licensed nurses and nurse aides
- Goal: Assist nurses and nurse aides in critical thinking around what to observe in order to prevent infections
- Content: Clinical tool that includes a number of prompting questions to help nurses and nurse aides note changes in resident status that might indicate an infection related to the mouth, skin, or urinary tract



Head to Toe: Customizing Care Tool

Head to Toe
Customizing Care Tool

Directions: Activities of daily living (ADL) care for the mouth, skin, and urinary tract can help prevent pneumonia, skin infections, and urinary tract infections. Use this tool to customize the ADL care you provide for each resident.

Update this document regularly and align with the resident's care plan and medical needs.

Resident: _____ Date/Time: _____

Customizing Care for the Mouth:
You can help prevent pneumonia with proper mouth care.

What kind of assistance does the resident require/want for mouth care?

Full assistance with mouth care
 Guidance and some support with mouth care
 Supervision and cueing with mouth care
 No assistance, independent in mouth care
 Other: _____

Currently has/prone to:

Difficulty swallowing
 Missing teeth
 Mouth sores
 Other: _____
 Not applicable

When does the resident prefer to brush their teeth?

Does the resident use a specific mouthwash or toothpaste? If yes, what do they use?

Does the resident have dentures?

No
 Yes. If yes:
• Does the resident feel that they fit well?
 Yes No, notify the nurse.
• Dentures should be removed for at least 4 hours a day. When would the resident like to remove their dentures? _____

Any other information related to daily mouth care routine?

Caregiver Notes:
Provide any additional information regarding care preferences for other caregivers to reference.

Customizing Care for the Skin:
You can help prevent skin infections with proper skin care.

What kind of assistance does the resident require/want for skin care?

Full assistance with skin care
 Guidance and some support with skin care
 Supervision and cueing with skin care
 No assistance, independent in skin care
 Other: _____

When does the resident prefer to bathe?

Does the resident use a specific soap or lotion? If yes, what do they use?

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- Audience: Care team
- Goal: Support care teams in tailoring ADL care to the unique needs and preferences of each resident
- Content: Clinical tool for documentation of resident preferences in order to provide individualized infection prevention care that aligns with unique resident needs and preferences



Head to Toe: Suspected Infection Investigation Tool

Head to Toe
Suspected Infection Investigation Tool
 Resident: _____ Date: _____ Staff Initials: _____

What is different or concerning about the resident today?

Check the box next to any area where you have observed a change or a concern and document that concern in the space provided.

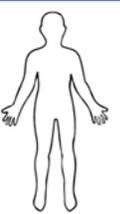
Head, Ears, Eyes, Nose, Mouth, and Throat _____
 Breathing/Cough _____
 Oral Intake (Eating/Drinking) _____
 Skin _____
 Orientation/Mood/Energy _____
 Lines/Catheters/Tubes _____
 Mobility _____
 Voiding _____
 Other _____

Document Vitals:

Vital Signs	Time:
Blood Pressure	mmHg
Pulse	beats per min
Respiratory Rate	breaths per min
Temperature	°F
Pulse Oximetry	%

On Room Air
 On O₂ (_____ L)

Any complaints or nonverbal expressions of pain?
 No
 Yes, circle where the pain is below.


 Front


 Back

1

- Audience: Nurse aides
- Goal: Support nurse aides in gathering information to communicate with licensed nurses when an infection is suspected
- Content: Clinical tool to support collection of clinical information when an infection is suspected in order to expedite care team communication





DREAM Toolkit for Sleep Improvement



Dementia Care Breakthrough Community: The Journey and What We Learned

- The Breakthrough Community on Dementia Care focused on improving quality of life and care for residents living with dementia and decreasing use of antipsychotics
- Nursing homes in the community attended learning events on staff stability and communication, root cause analysis for resident distress, meaningful activities, and sleep hygiene
- The process highlighted key insights on how nursing homes implement, evaluate, and sustain quality improvement efforts, such as:
 - An interest in sleep hygiene techniques to improve residents' sleep and quality of life
 - A common challenge in generating staff buy-in for changes regarding care for residents living with dementia
 - A desire for ready-to-use, practical tools that do not require major changes to workflow



Why sleep improvement?

- Almost 70% of adults living with dementia experience sleep disturbances
- Trouble sleeping accelerates cognitive decline and is linked to symptoms, including anxiety and aggression
- Sleep improvement efforts support the physical, mental, and psychosocial well-being of residents living with dementia

The DREAM Toolkit provides non-pharmacological interventions to improve nursing home sleep environments and person-centered approaches to support the highest-quality sleep for each resident



DREAM Toolkit: Implementation Guide



Step 1: Choose a Champion

Identify a **Sleep Champion** to lead the rollout of the DREAM Toolkit. The Sleep Champion will work with both the leadership team and staff throughout the home to promote sleep improvement. Once you choose a Sleep Champion, they can lead steps 2 through 6. You can also build a **Sleep Team** to work with the Sleep Champion.

When Choosing a Sleep Champion:

- Pick someone with appropriate authority to make decisions and move things forward.
- Find someone excited to explore new approaches and who can motivate others.
- Encourage them to collaborate with the full interdisciplinary team.
- If building a **Sleep Team**, include staff from different departments and at different levels. Recommend that the team sets regular meeting times.



Step 2: Identify Key Areas to Improve Sleep

Use the **Sleep Environment Improvement Tool** to decide where to focus improvement efforts and how to get started. This tool includes a Sleep Environment Scan and also offers practical approaches to improve sleep, organized by key area (e.g., light, noise, workflow).



Step 3: Educate and Empower Staff

The interdisciplinary team, especially nurses and nurse aides, can make immediate changes to support improved sleep. Let staff know about the focus on improving sleep quality and why sleep matters. Give the team the tools and resources they need.

Everyone Can Make a Difference:

- Encourage managers to use the **Sleep Handbook** in huddles.
- Share the **Sleep Matters Video** with staff.
- Distribute the **Resident Preferences Tool** and support teams to use it.

DREAM Toolkit Implementation Guide 2

- Audience: Nursing home leadership, such as Administrator and Director of Nursing
- Goal: Generate leadership buy-in, introduce the DREAM Toolkit, and provide step-by-step instructions for implementation
- Content: Overview of the toolkit, why sleep is important, and tips on how to sustain progress and overcome potential barriers



DREAM Toolkit: Handbook

How does sleep impact residents living with dementia?

While disease, age, and genetics impact overall health, so does sleep quality and quantity. Sleep also impacts physical function, healing and immunity, mood, mental health, and communication.

There are four stages in a healthy sleep cycle:

- Stage 1**
Brain activity slows down and muscles relax.
- Stage 2**
Light sleep and brief dreaming begins.
- Stage 3**
Deep sleep begins. Physical healing occurs.
- Stage 4**
Rapid eye movement (REM) sleep promotes emotional and psychological healing.

Meet Ms. Jones. She has trouble staying asleep nearly every night.

Meet Mr. Hernandez. He sleeps well nearly every night.

Both Ms. Jones and Mr. Hernandez live with dementia and experience mild cognitive decline.

- Since moving into the nursing home, Ms. Jones has not had a **consistent sleep routine or consistent amount of sleep**.
- She has a hard time falling asleep due to **hallway light and noise**. When she does fall asleep, she is easily awakened.
- Ms. Jones' lack of **deep sleep** affects her day. She is often exhausted, struggles with her balance, and feels irritable.
- Mr. Hernandez has a **sleep routine** that staff follow regularly. He reads a book in his room at bedtime for 30 minutes, toilets just before bed, and keeps all the lights off in the room except for his night light.
- His sleep is **uninterrupted**, so Mr. Hernandez is able to enter deep sleep cycles. This high-quality sleep helps him **avoid illness and injuries**. He enjoys his interactions with staff and other residents.

Improving sleep will not resolve every issue, but **better sleep supports the health and quality of life of residents**. It is important that residents are able to enter **all four stages of the sleep cycle** every night.

THINK ABOUT IT:
How do you feel when you do not get enough sleep?

DREAM Toolkit Sleep Handbook 2

- Audience: All nursing home staff
- Goal: Explain the importance of sleep for residents living with dementia and what factors affect sleep
- Content: Visual educational material on the importance of sleep, includes strategies to improve sleep quality for residents and can be used as a series of one-pagers



DREAM Toolkit: Sleep Environment Improvement Tool

Sleep Environment Scan		
Personal 	Light 	Environment 
<ul style="list-style-type: none"> <input type="checkbox"/> Are residents offered overnight incontinence products? <input type="checkbox"/> Are bedtime routines personalized for most residents? <input type="checkbox"/> Are residents able to influence or control their sleep/wake times? <input type="checkbox"/> Is there regular communication across departments to learn about resident food and drink preferences? 	<ul style="list-style-type: none"> <input type="checkbox"/> Are hallway lights turned off in resident units overnight? <input type="checkbox"/> Do blinds or curtains sufficiently block light? <input type="checkbox"/> Are nightlights available? <input type="checkbox"/> Is there light in resident areas during the daytime? <input type="checkbox"/> Is there a schedule for turning lights off and on in common areas? <input type="checkbox"/> Do staff turn off lights in resident rooms during sleeping hours? 	<ul style="list-style-type: none"> <input type="checkbox"/> Can residents bring items from home (e.g., pillows, blankets)? <input type="checkbox"/> Can residents decide on room temperature during the day and night? <input type="checkbox"/> When making rooming decisions, are residents' sleep preferences considered?
<i>Go to Page 3 for suggested Personal approaches</i>	<i>Go to Page 4 for suggested Light approaches</i>	<i>Go to Page 5 for suggested Environment approaches</i>
Additional Observations:		
Activity 	Noise 	Workflow 
<ul style="list-style-type: none"> <input type="checkbox"/> Are there opportunities for social interaction? <input type="checkbox"/> Are there opportunities for independent or spontaneous activities? <input type="checkbox"/> Are there opportunities for relaxing activities in the evening? <input type="checkbox"/> Is the resident consulted before setting therapy times? 	<ul style="list-style-type: none"> <input type="checkbox"/> Are staff conversations kept to a minimum near resident rooms during sleeping hours? <input type="checkbox"/> Is use of bed alarms minimized? <input type="checkbox"/> Do walls and doors block TV or radio noise from being heard in the hallways? <input type="checkbox"/> Do walls and doors block kitchen noise from being heard in resident rooms? <input type="checkbox"/> Is cleaning or maintenance activity avoided overnight? <input type="checkbox"/> Are monitors or equipment quiet enough to avoid disrupting sleep? 	<ul style="list-style-type: none"> <input type="checkbox"/> Are staff members providing morning medication(s) after residents wake naturally, unless it is medically necessary to wake them? <input type="checkbox"/> Do staff avoid restocking linens and other room supplies while residents are sleeping? <input type="checkbox"/> Is breakfast offered on an open schedule or for over an hour? <input type="checkbox"/> Is overnight care clustered (when appropriate) to avoid waking residents multiple times? <input type="checkbox"/> Are vital sign checks and routine rounding avoided during sleeping hours?
<i>Go to Page 6 for suggested Activity approaches</i>	<i>Go to Page 7 for suggested Noise approaches</i>	<i>Go to Page 8 for suggested Workflow approaches</i>
Additional Observations:		

DREAM Toolkit Sleep Environment Improvement Tool 2

- Audience: Nursing home leadership
- Goal: Facilitate a scan of the sleep environment, identify areas to focus on, and specific approaches to help with those areas
- Content: A Sleep Environment Scan and approaches to create a restful environment in the nursing home to promote sleep



DREAM Toolkit: Pocket Guide

**DREAM Toolkit
Pocket Guide**

Here are some things to try if a resident has trouble with....

Getting comfortable

- Ask how you can help them get settled.
- Consider if the resident is experiencing pain, keeping in mind that a resident cannot always express pain or discomfort verbally.
- Encourage their loved ones to bring a favorite pillow or comfort item from home.
- Consider pajama and bedding preferences.

Falling asleep at night

- Ask if anything is keeping them from sleeping.
- Offer to reduce resident room lighting according to their preferences (examples: turn off TV, close curtains, and close doors).
- Offer a relaxing beverage, such as warm milk or herbal tea.
- Offer an alternative calming activity, white noise, or soft, soothing music.
- Offer gentle touch, such as a hand or back massage.

Waking up in the middle of the night

- Ask why they woke up and what they need.
- Help the resident feel safe.
- Use a flashlight or indirect lights instead of overhead lights.
- Consider the volume of TV/music/noise from neighbors.
- Keep your voice at a low volume.



Developing a Restful Environment Action Manual

- Audience: Interdisciplinary team, especially nursing and direct-care staff
- Goal: Incorporate educational materials into daily operational workflow and tasks
- Content: Reminders on strategies to promote sleep, designed for staff to carry with them for quick reference and daily use



DREAM Toolkit: Resident Preferences Tool

Getting the Most from the Resident Preferences Tool

Asking about Preferences

- Depending on the stage of dementia, a resident living with dementia may be more comfortable with yes or no questions or simple choices. **Use short sentences and simple words.**
- If you need more information than the resident provides, **talk with the resident's loved ones and care providers who know them well.**
- Record the resident's preferred bedtime routine with other care information. Work with your supervisor to make a plan and add it to the appropriate system. **Update the care plan and communicate with staff when the resident's needs or preferences change.**
- Follow relevant policies and procedures for protected health information.



Conversation Tips and Reminders

- **Focus your full attention on the resident.** Make eye contact, unless it makes the resident uncomfortable. Hold the conversation in a quiet, private space where the resident is comfortable, such as the resident's room.
- **Allow the resident to finish their thoughts,** even if it takes some time. Repeat back what you heard, in your own words, to check that you understood correctly.
- When talking or working with the resident, use what you know about **their past and present life,** such as what job they had, to **better understand their preferences and needs.**
- You may learn about their past, including things that may trigger strong emotions for them. Do not pressure the resident to answer any questions they do not want to answer. **If the resident seems uncomfortable** or tired, stop. Try again on a different day or have a different staff member talk to the resident.

Pay Attention to How the Resident Living with Dementia Communicates

- Residents may explain their preferences with words. Other times, you may **learn about preferences by how a resident naturally reacts or behaves.** Pay attention to the resident's body language and facial expressions when they are getting ready for bed.
- Sometimes the resident will tell you exactly what they want for their bedtime routine. Other times you might have to **guess based on what you know about them and their preferences.** As needed, try different approaches in this tool, the **DREAM Toolkit Pocket Guide,** or other ideas from your team.
- Keep looking for what does and does not work for the resident. Sometimes a resident will want to change their routine for one day. **It is important to remain flexible.**



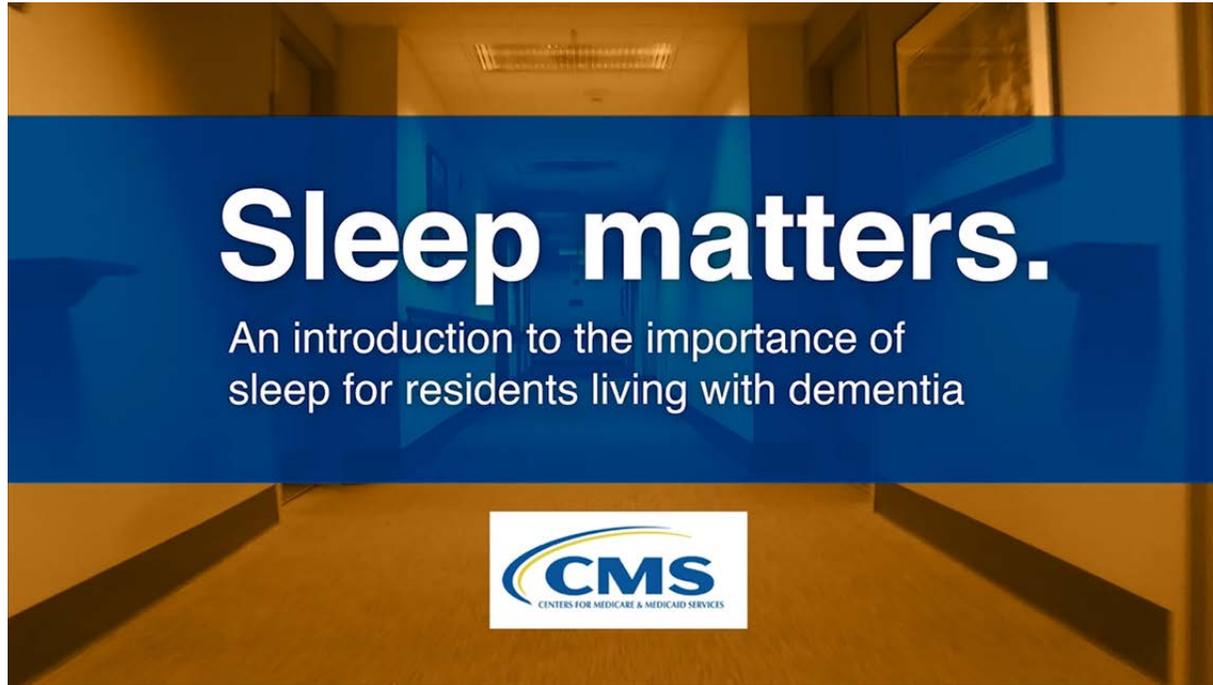
If the resident still has trouble sleeping, it could be a sign of an underlying issue, such as sleep apnea or medication side effects. Residents with a history of trauma may also have more difficulty sleeping. Work with your team to identify and address underlying issues.

DREAM Toolkit Resident Preferences Tool 1

- Audience: Interdisciplinary team, especially nursing and direct-care staff
- Goal: Support team in understanding each resident's personal preferences and needs regarding sleep
- Content: Questions to learn more about resident sleep preferences and create individualized bedtime routines, as well as space to note any additional observations about resident preferences



DREAM Toolkit: Sleep Matters Video



- Audience: Nursing home staff and residents' loved ones
- Goal: Explain the importance of sleep for residents living with dementia
- Content: Changes in the nursing home that can improve sleep for residents living with dementia



Staffing Toolkits for Staff Sufficiency, Competency, and Performance



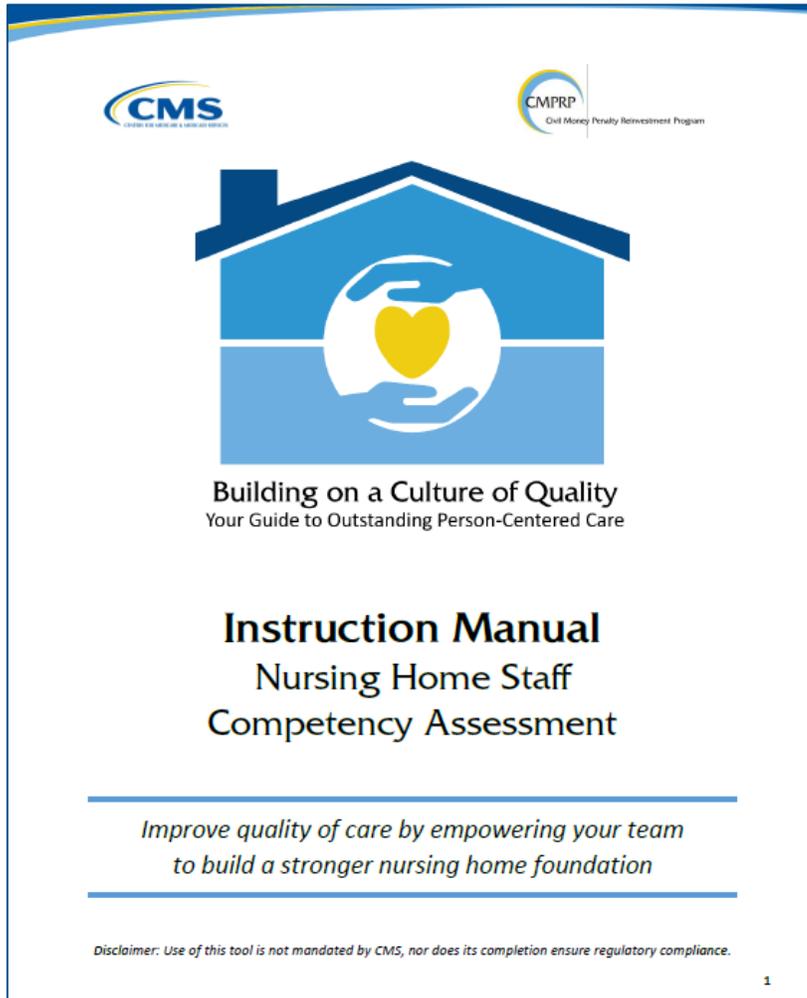
Recently Released Resources

Beyond the two toolkits that emerged out of the Breakthrough Communities, the CMPRP team also developed three additional toolkits:

- [Nursing Home Staff Competency Assessment](#) evaluates the behavioral and technical competencies of frontline and management staff
- [Nursing Home Employee Satisfaction Survey](#) helps management identify areas for improvement
- [Guide to Improving Nursing Home Employee Satisfaction](#) connects facilities to evidence-based resources to address opportunities for improvement identified through the employee satisfaction survey



Staff Competency Assessment



Component	Purpose
Instructional Manual	Provides an overview of the assessments and includes tools and videos to help implement the assessments and use the results
Certified Nursing Assistant/ Certificated Medication Technician Assessment	Covers behavioral, technical, and resident-based competencies
Registered Nurse and Licensed Practical/ Vocational Nurse Assessment	Covers behavioral, technical, and resident-based competencies
Administrator, Director of Nursing, and Assistant Director of Nursing Assessment	Covers behavioral and technical skills
Answer Keys	For use with the paper assessments



Employee Satisfaction Survey

Nursing Home Employee Satisfaction Survey

This survey collects anonymous feedback about your satisfaction working at this nursing home. Your responses will help improve our culture and overall employee satisfaction. Thank you for taking the time to complete the survey!

Your survey responses will...

- HELP your opinions be heard.
- HELP make leadership aware of areas that need improvement.
- NOT identify you. *All responses are confidential and anonymous.*
- NOT be shared with federal or state officials.

Instructions:

- Circle the response that corresponds with your level of disagreement or agreement with the statement, where 1 is strongly disagree and 5 is strongly agree.

For example: 1 2 3 **4** 5 N/A

- Choose 3 if you neither agree nor disagree with the statement.
- Choose N/A if the statement does not apply to you.
- Submit your completed survey to the assigned location.

PLEASE BEGIN. CIRCLE YOUR RESPONSE BASED ON YOUR EXPERIENCE AT THIS NURSING HOME.

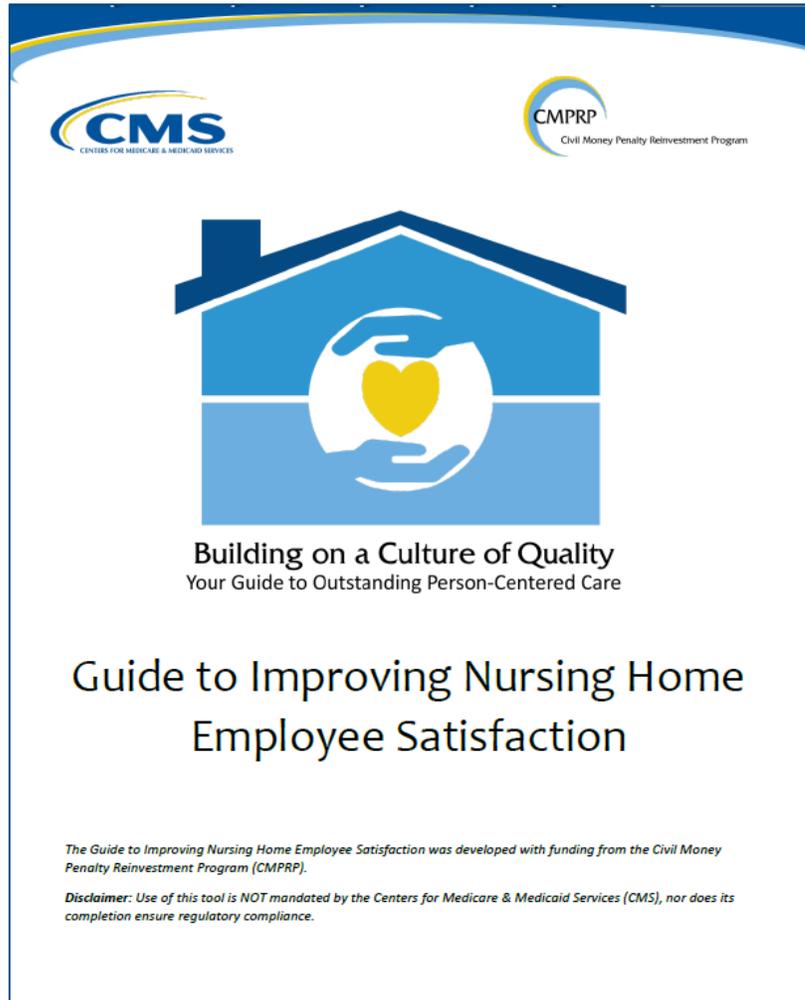
Job Satisfaction	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
<i>For this survey, supervisor means the individual who directly oversees your daily tasks.</i>						
1. My work has a positive impact on residents' lives.	1	2	3	4	5	N/A
2. I feel the care I provide is appreciated by the residents and their families.	1	2	3	4	5	N/A
3. My supervisor appreciates the work I do for residents.	1	2	3	4	5	N/A
4. I have the resources and equipment necessary to perform my assignments well.	1	2	3	4	5	N/A
5. I would recommend this nursing home to my family and friends if they had a need for nursing home care.	1	2	3	4	5	N/A
6. I would recommend working here to my friends.	1	2	3	4	5	N/A
7. At this nursing home, staff receive appropriate recognition.	1	2	3	4	5	N/A
8. My workplace is safe and well-maintained.	1	2	3	4	5	N/A
9. I feel that my pay is fair for the local community.	1	2	3	4	5	N/A

PLEASE CONTINUE TO THE NEXT PAGE – THIS SURVEY MAY BE DOUBLE-SIDED
ALL RESPONSES ARE ANONYMOUS – PLEASE DO NOT SIGN OR WRITE YOUR NAME

Component	Purpose
Survey – Available in paper format to preserve staff anonymity with 38 questions and space for comments	Helps nursing homes identify the drivers of staff satisfaction and take action to make improvements
Implementation Guide	A step-by-step instruction guide provides guidance on how to successfully plan for and use the survey
Instructional videos for the survey and the data analytics tool	Provides an overview of how to use the guide and the tool
Data Analytics Tool – An Excel workbook that can be used to enter data from up to 200 surveys	Compiles responses and provides easy-to-print views of the highest and lowest areas of staff satisfaction



Improving Employee Satisfaction



Component	Purpose
Guide to Improving Nursing Home Employee Satisfaction	<ul style="list-style-type: none">• Resource to help nursing home leadership understand satisfaction growth areas, plan for change, prioritize improvement areas, and take action• Includes sample planning documents and staff communications



Where to Find the New Toolkits

Visit the [CMPPR](#) webpage:

- [H2T Toolkit for Infection Prevention](#)
- [DREAM Toolkit for Sleep Improvement](#)
 - [Sleep Matters Video](#)



Additional Information

- The CMPRP tools and resources are not mandatory and using these tools does not guarantee compliance with federal long-term care requirements of participation. The use of the tools is meant to assist facilities in building on a culture of quality.
- We are interested to know what you think about the toolkits and how we can best support your efforts to provide the best care possible to your residents. If you have questions or feedback on the CMPRP or the Toolkits, please email CMP-info@cms.hhs.gov.



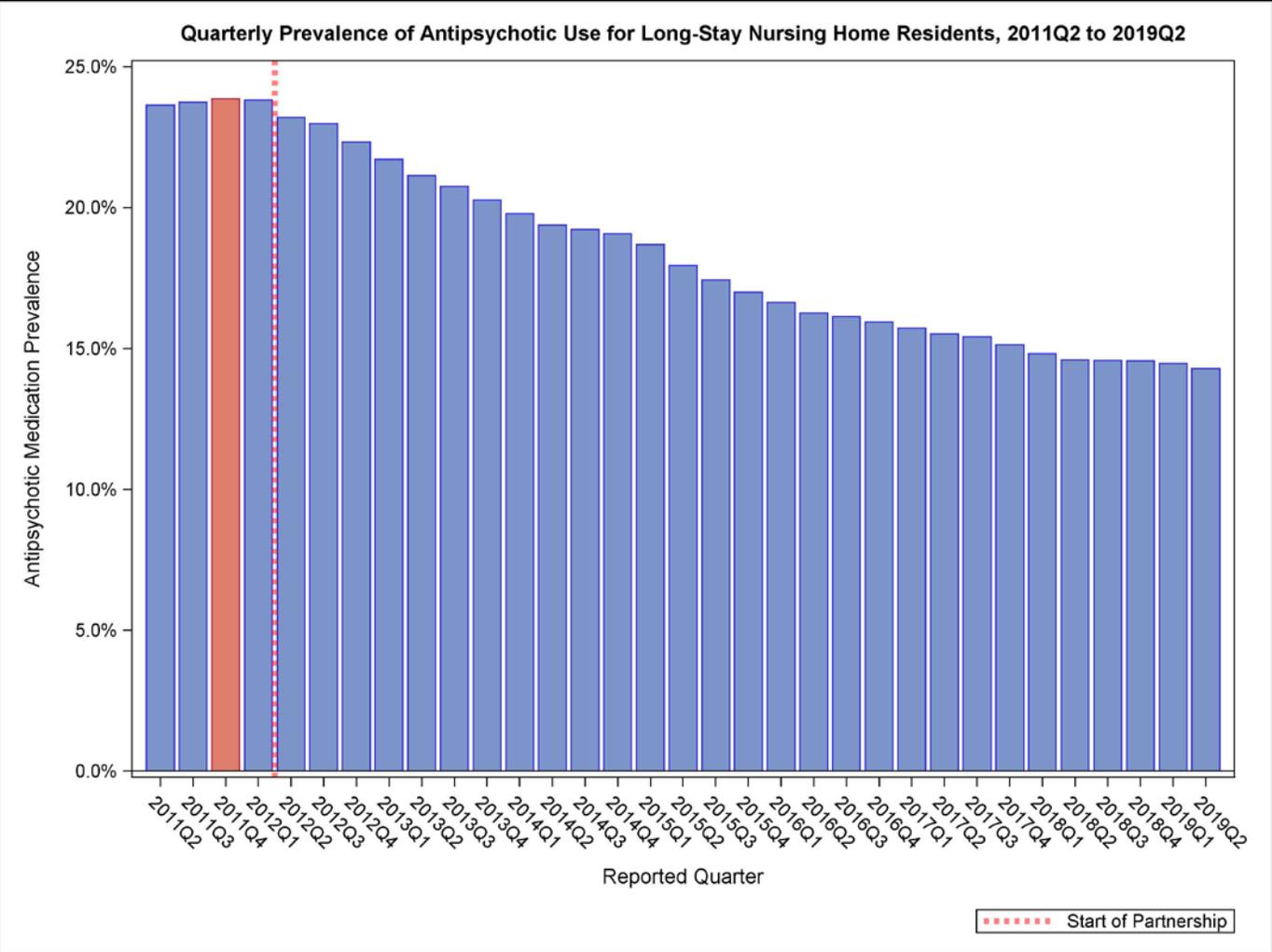
National Partnership Updates

Presenter:

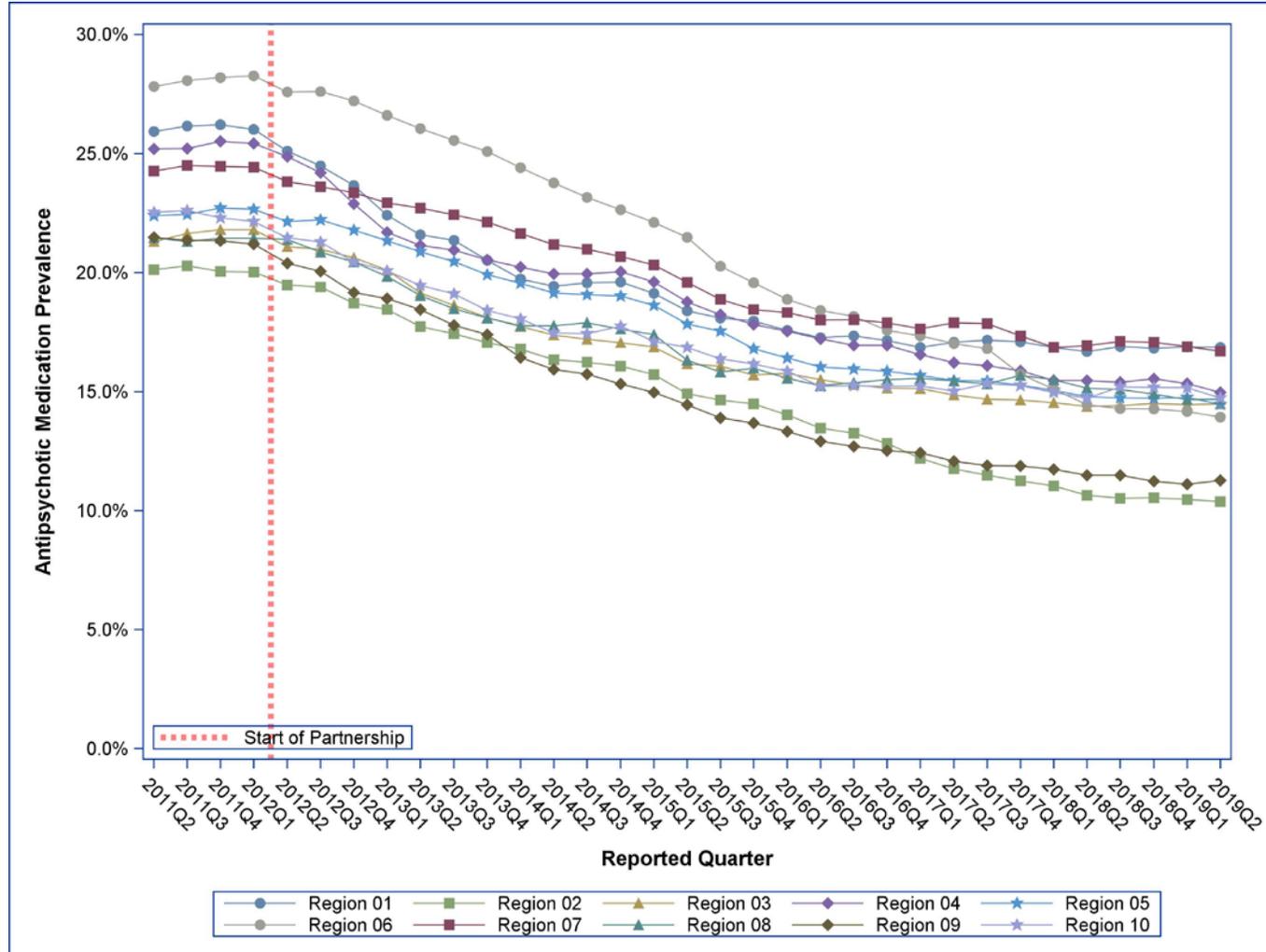
Dara Graham



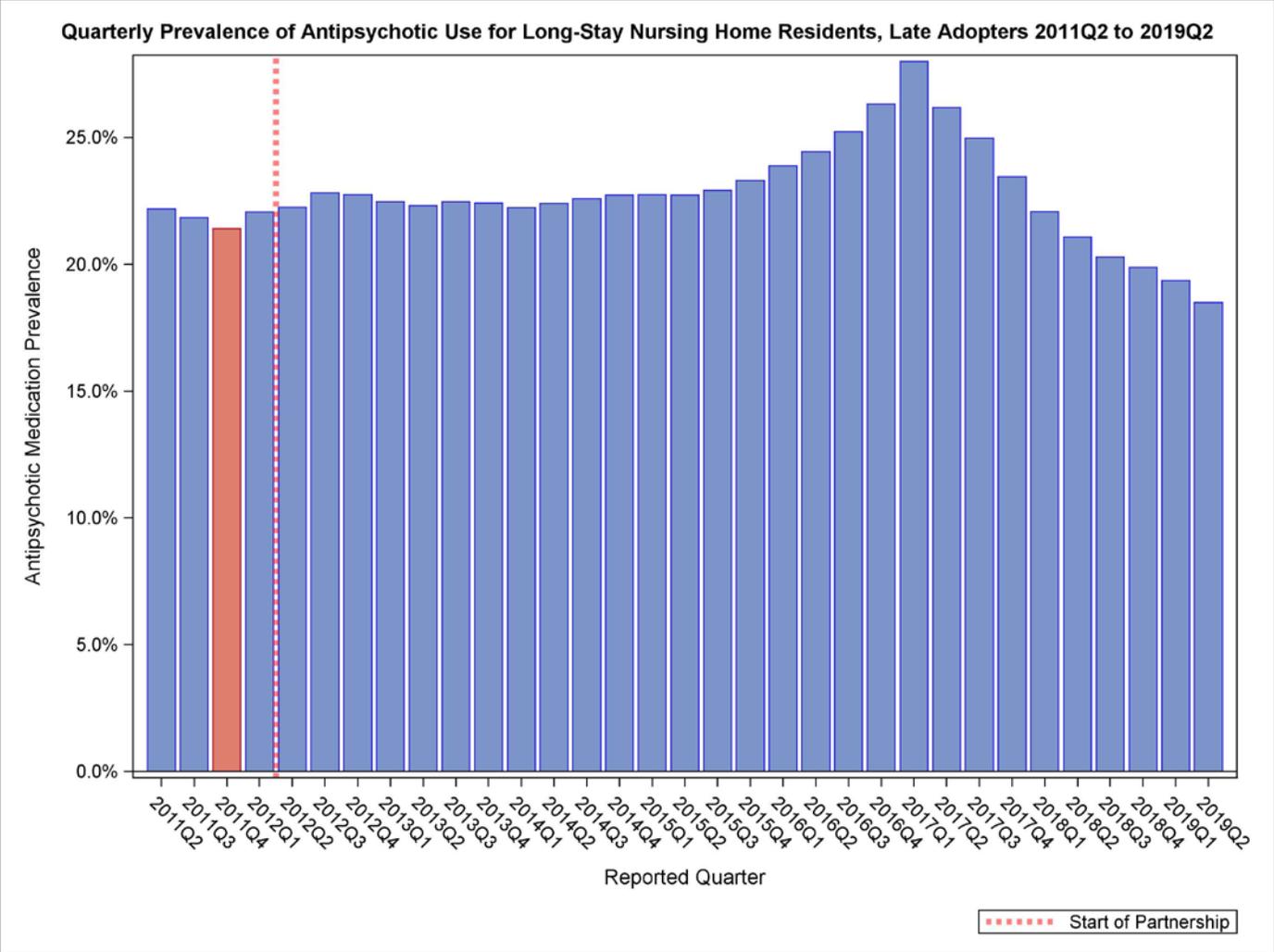
National Antipsychotic Medication Use Data



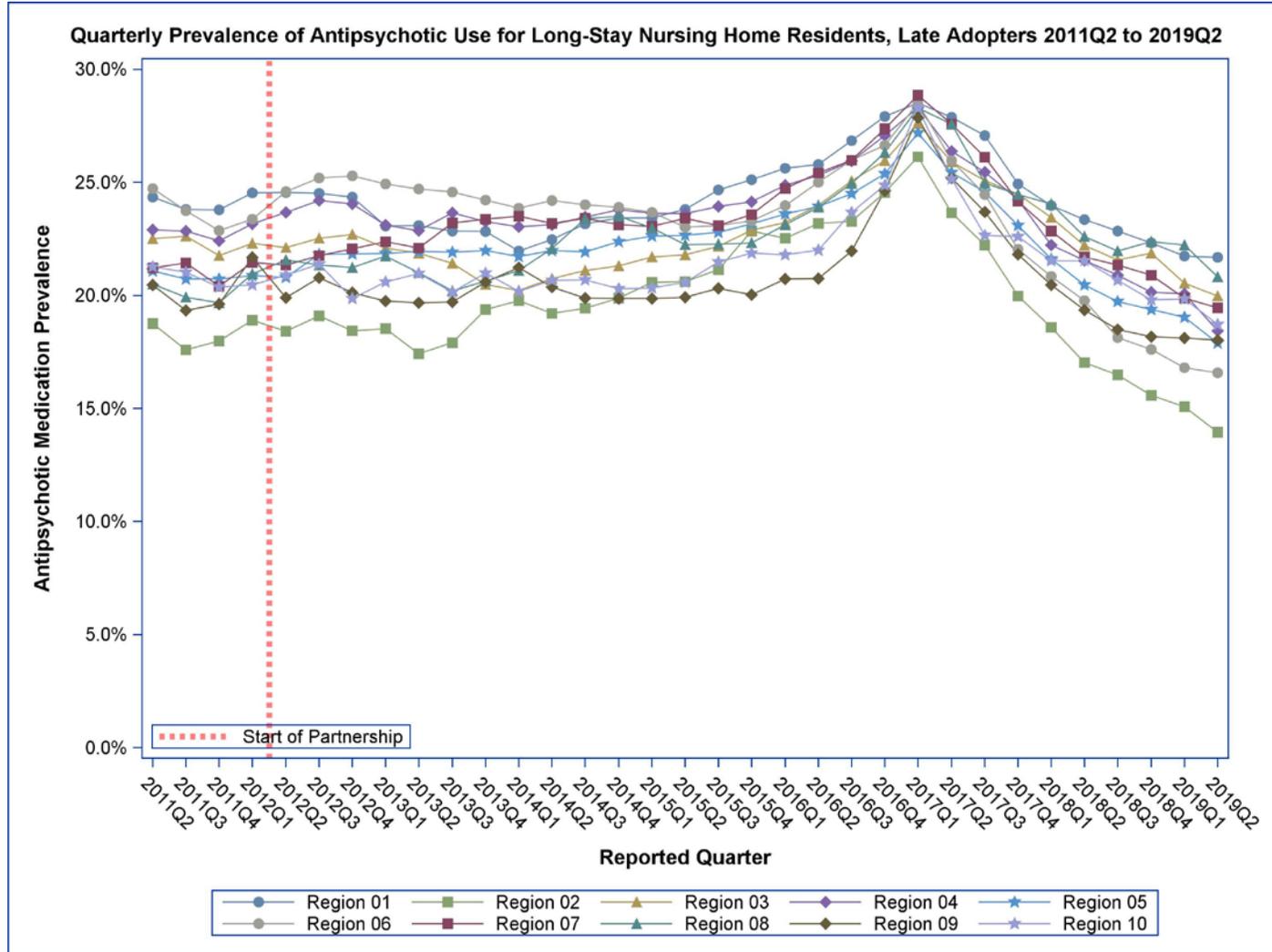
Regional Antipsychotic Medication Use Data



National Antipsychotic Medication Use Data – Late Adopters



Regional Antipsychotic Medication Use Data – Late Adopters



Dementia Care Resource Website

The screenshot shows the CMS.gov website interface. At the top, there are navigation links: Home | About CMS | Newsroom | Archive | Share | Help | Print. Below this is the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". A search bar is located on the right. A horizontal menu contains several categories: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area has a breadcrumb trail: Home > Medicare > Quality, Safety & Oversight - General Information > National Partnership - Dementia Care Resources. On the left is a sidebar with a "Quality, Safety & Oversight - General Information" header and a list of links including "Spotlight", "Accreditation of Advanced Diagnostic Imaging Suppliers", "Accreditation of Medicare Certified Providers & Suppliers", "CMS National Background Check Program", "Civil Monetary Penalties (Annual Adjustments)", "Civil Money Penalty Reinvestment Program", "CLIA", "CMS Federal Grant Opportunity", "Contact Information", "Diabetic Self-Management Training (DSMT) Accreditation Program", "National Partnership to Improve Dementia Care in Nursing Homes", "National Partnership - Dementia Care Resources", "Nursing Home Quality Assurance & Performance Improvement", "Revisit User Fee Program", and "QSOG Mission and Priority Information". The main content area is titled "National Partnership - Dementia Care Resources" and contains a paragraph about the partnership's mission, a list of resource categories (Handouts & Tools, Assessments & Practice Guidelines, Initiatives & Innovations, Research, Trainings & Webinars, Websites, Articles), and a "Handouts & Tools" section with links to "Developing a Restful Environment Action Manual (DREAM) Toolkit (ZIP)" and "Sleep Matters Video: https://youtu.be/2Ub55iKej84". Below this, there are two paragraphs of text: one describing a toolkit for nursing home administrators and directors, and another describing a booklet for families and long-term care facilities. A link to "Encouraging Comfort Care: A Guide for Families of People with Dementia Living in Care Facilities" is provided. The final link in the "Handouts & Tools" section is "Managing Challenging Behaviors".

[National Partnership - Dementia Care Resources](#)



Question & Answer Session



Thank You – Please Evaluate Your Experience

Share your thoughts to help us improve – [Evaluate](#) today's event

Visit:

- [MLN Events](#) webpage for more information on our conference call and webcast presentations
- [Medicare Learning Network](#) homepage for other free educational materials for health care professionals
- [National Partnership](#) webpage for more information about the National Partnership

Contact the National Partnership:

- dnh_behavioralhealth@cms.hhs.gov

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