

Sample Dementia Special Care Environment Working Document

The purpose of the Special Care Environment Working Document is to provide objective information and input to the Special Care Environment Interdisciplinary Team so that the team can create their Action Plan. The Working Document is distributed to all members of the team during the action plan development meeting, so all team members see the information together at the same time. The feedback needs to be straight forward and non-judgmental, providing facts that can then be considered discussed and voted on as priorities or non-priorities by the team.

The Working Document is created directly from the assessment conducted of the facility and feedback provided on the Person-Directed Dementia Care Assessment Tool. The Working Document has the same nine corresponding sections contained in the Assessment Tool. Within each section are subheadings that contain the practice statements to be rated. Review each of the statements and how they were rated indicating if they were a strength or an opportunity for potential improvement (in other words, the statements that have 4 and 1 ratings, a 1 means being not present or in need of improvement, a 4 means being a strength to build on. Statements that have been rated a 2 or 3 can be included last in order if the assessor believed they were very important by indicating so with a comment.)

There may be statements that were either not circled or that have an N/A by them - these can be disregarded as not applicable. (Not all will necessarily apply in every setting.)

The information on strengths and areas for potential improvement is then placed in the corresponding section of the Special Care Environment Working Document Template. Some sections may have a large amount of feedback while others may have little or none.

The easiest way to give feedback in each area is to write the actual statement that was rated as being present for strengths, or not present for potential areas of improvement. Then below the statements, provide additional information of what was actually observed/commented on. This gives the team an opportunity to understand what the suggested practice is, and how it is actually present, or what the possible obstacle or need for education, etc. is. The Working Document does not make suggestions for improvement, it only provides information. The interdisciplinary team will discuss the issues and make decisions about which improvement areas they will address and in what manner in the Action Plan meeting. It is best to head each section with a brief overall summary of what the assessor observed and thought about the topics in the section. Below the summary the actual items of feedback are given.

The following pages represent a few examples of how the Special Care Environment Working Document is developed. The examples have been kept to a few for purposes of illustration, and do not include all areas of the assessment. This sample is done for a residential facility.

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ENVIRONMENT	
Strengths	Improvement Area Opportunities
<p>Summary: Although there are barriers within the environment, this can probably be one of the areas of greatest opportunity. Having positive changes can be motivating to the project. Despite the environmental barriers, staff are still working to accommodate residents, family members and visitors as best they can.</p> <p>Large strengths:</p> <ul style="list-style-type: none"> - Alternatives are available for residents who want/need quiet or energized areas. Whenever someone became over stimulated or wanted to have some quiet time, or time with their family, there were alternatives to use both the sunroom and the resident’s room. - Warm interactions taking place. The staff in general were attentive to residents and shared a sense of humor in their interactions. (The only problems were when staff didn’t have enough time, or when they were in the nursing office during noisy times). - Exit door not in a prominent place (minimizes residents’ stimulus/desire to leave). - Housekeeping handles linens and bed making, because CNAs are free from this they have more time to engage with residents. - Extra wide hall ways allow for room to manipulate environment and multiple resident/staff use. Potential room for activity stations. - No “visual cliffs” on floors where people with dementia could perceive a hole or “cliff”, and fall. Natural lighting/sunshine is in every resident room and common area. Maximize it by having curtains/shades open during the day. 	<p>Summary: The environment contains two main challenges for the staff being able to carry out consistent person-directed care.</p> <p>First, one common area is laid out so that residents sit in a circle in recliners in front of the television all day, with staff sitting alongside them. Most people with dementia slept the better part of the day (which led to them being up at night).</p> <p>Second, the layout and physical barriers (large nursing station desk) in what has become the dining area seem to foster poor supervision from staff, by having residents being “parked” with nothing to do in an institutional (and not homelike) setting (around the desk). Especially for long periods before meals (up to an hour).</p> <p>Concerns – not present or consistently present:</p> <ul style="list-style-type: none"> - Unit having a comfortable sound level enjoyed by residents, - Sounds, music and interactions are soothing and/or pleasant - Music and TV is appropriate to residents’ desires (vs. staff choice that is not appropriate). <p>People with dementia in dining area seemed upset when many alarms and the overhead paging were constantly sounding. Chair alarms were then going off because residents tried to get up. Staff tended to congregate inside nursing office away from noise and agitated residents when this was happening - decreasing the amount of supervision (more falls at this time). Large nursing station desk no longer in use is taking up a lot of space and making common area seem “institutional”.</p>

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LANGUAGE AND COMMUNICATION	
Strengths	Improvement Area Opportunities
<p>Summary: In general the staff communicated very well with each other about the residents, and were careful to be out of earshot of the person they were discussing and others. When any changes are implemented it would seem that they would be communicated well throughout the team.</p> <p>Large strengths:</p> <ul style="list-style-type: none"> - Language and staff behavior reflects respect and dignity for the personhood of all individuals. Individuals are never talked about in front of them. All staff were very discreet about discussing resident issues. CNA & Nursing staff are very strong at communicating with peers and each other about residents in a timely way. Nurses and CNAs were involved in report together at shift change. 	<p>Summary:</p> <p>Concerns – not present or consistently present:</p> <ul style="list-style-type: none"> - Negative generalized labels for people with dementia have been totally eliminated from vocabulary of staff, signage, and all documentation, including care plans. (e.g., “feeder”, “wanderer”, “toileter” “screamer” “total assist person” “agitated” “difficult”, “behavioral”, “unmanageable”, “redirect” etc.) Staff were using negative labels to refer to residents, and care sheets had labels on them for residents such as “feeder”, “wanderer”, “aggressive towards staff and peers at times”. (Vague descriptors in that they didn’t describe the person and situations, and negative in connotations as labels). - Language used “aims the brain for success” subconsciously by creating a positive vision of what is wanted. Staff seemed to communicate with residents through backward stated questions and comments such as “stop doing that!” or “You aren’t wet are you?”. This seemed to confuse people and elicit no response, or a negative response, from the resident. It would help to tell residents what to do, or to ask questions in short, direct simple sentences.

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CARE PLANS	
Strengths	Improvement Areas
<p>Summary: The care plans for the SCE are interdisciplinary, appear to be up to date and contain strategies for achieving goals.</p> <p>Largest Strengths:</p> <ul style="list-style-type: none"> - There is a comprehensive social history for each resident which is the foundation of the care plan that all staff refer to, use in daily activity/interaction with the resident and add to on an ongoing basis. There is a binder that has been developed that has pictures of residents and a lot of information about them. This social history book is kept on the unit, is a good resource that could be much further developed for direct care staff to learn about residents. There are staff who have known some of the residents all of their lives, who know their families and could be a rich source of information. - Most key staff report that they could identify some of the residents based on their care plans. Care sheets that the certified nursing assistants use are very easy to read and contain valuable information from the care plans. Their use is an opportunity to help staff focus on individual needs - with some re-working. 	<p>Summary: Care plans need to be a resource for staff to use to learn about the resident and also provide clear and valuable information about how to work with the resident. Since staff do not have access to the care plans or input into them, there is a disconnect between the actual care the resident receives and the care plan itself.</p> <p>Concerns – not present or consistently present:</p> <ul style="list-style-type: none"> - Care plans are work tools and available to all staff directly assisting the person with dementia at all times. The care plans for the SCE are located in the nursing station off-unit and do not appear to be used by all staff as a working document. There needs to be a way to provide a working care plan to all staff that they access daily with care preferences, and strengths as well as physical needs. - The person’s social and emotional needs are assessed and planned for as carefully as their physical care: The need to be useful, to still care (for others/self), to give and receive love, and to have self-esteem boosted, and to experience joy and laughter. Care plans are very good at addressing physical care needs though there are no goals or provisions for addressing the core basic emotional/social needs that are the most often overlooked for people with dementia in long-term care. - Care sheets need to interface with the care plan so changes can be reviewed for appropriateness and so the care plan can be updated. Care sheets have “inappropriate behavior” identified but no strategies for addressing. - Care plans are developed by the interdisciplinary team; which includes the person with dementia, family/legal representative and the staff who work directly with the person. All members of the team including direct line staff need to be involved in establishing the care plan, this isn’t being done.

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PROBLEM SOLVING PROCESSES FOR WORKING WITH BEHAVIORAL COMMUNICATION	
Strengths	Improvement Areas
<p>Summary: Medication use for behavioral symptoms is in keeping with some important good practice guidelines. Having a pharmacist included on the interdisciplinary team that meets monthly really helps this process a great deal.</p> <p>Largest Strengths:</p> <ul style="list-style-type: none"> - Residents receive the appropriate medication for their diagnosis and symptoms. - Residents receive the lowest possible dose of the most conservative drugs for the shortest duration possible to maintain well being. Facilities determine this in consultation with both a pharmacy and physician with staff who are trained in how to effectively utilize the physician/pharmacy as a resource. - Residents have been assessed for a trial of appropriate Alzheimer's/dementia medication (e.g., cholinesterase inhibitors or Mematine). Residents are allowed to continue these drugs as long as appropriate. <p>Many residents are on dementia specific medications instead of antipsychotic medications, having the pharmacist on the team is very helpful to support when communicating a wish to utilize a trial of these medications to physicians.</p>	<p>Summary: The use of sedating PRN medication seems to be a coping mechanism for direct care staff when they are afraid, worried or apprehensive about the potential for a resident to be difficult. Example, during morning report night nursing assistant told day nursing assistant that a resident appeared to be “crabby and revving up, so you may want to ask the nurse to give her a PRN before you try to get her up”. Alternative strategies can be used in this situation and staff could benefit from learning more about these.</p> <p>Concerns – not present or consistently present:</p> <ul style="list-style-type: none"> - There is an established, team guided process in place to learn about what needs the person with dementia is expressing with his or her behavior, and ways to support the person. There is an opportunity to train staff on how to use other types of intervention/approaches for working with residents proactively, other than medication, based on the person with dementia's person past and things that calm them and that they enjoy.

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ACTIVITIES	
Strengths	Improvement Areas
<p>Summary: There are already practices in place that reflect person-directed care. These can be pointed out and built upon with staff.</p> <p>Largest Strengths:</p> <ul style="list-style-type: none"> - The SCE has an activity professional who is a team leader to teach and mentor all other staff in engaging individuals in activity processes and facilitates the planning and preparation of daily activities. The activity therapist seems to work beautifully with the residents when she is on the unit. (Unfortunately it is only for a two hour period after dinner). All other staff gather around and watch the activities, enjoying them, and remark at how the residents are much higher functioning cognitively than most staff even realize. It seems the team with a little work could conduct and really enjoy doing all types of activities all day with residents, just need some guidance from the activity therapist. - All staff have access to activity supplies. There are excellent activity supplies and resources available on the unit. There is a budget for more supplies as needed. - Individuals are given opportunities to wake up and start the day when and how they naturally prefer. This is so important to resident well-being. It also gives staff more time to work engagingly with other residents that are already up without pressure. 	<p>Summary: There seems to be a lack of energy on the unit during the day. The activity staff doesn't come until after dinner, then only works with a few people who agree to.</p> <p>Concerns – not present or consistently present:</p> <ul style="list-style-type: none"> - Activities are varied by energy level and types of participation and there is a pacing of activities/energy level throughout the day. First, the energy on the unit is flat most of the day. The living room is filled with people sleeping and lights are off there, so it seems to give an impression of low energy and non-participation as an undercurrent to everything else that is going on. Activities tried at this time seemed to flop - people didn't participate, fell asleep or refused to join. - Many behavior issues seemed to occur due to boredom, especially before meals when residents are brought to the table without anything to do for long periods of time while waiting for meals (up to an hour). The residents thought they were ready to eat, food didn't come, they had nothing to do, and they acted out, triggering others. Could this time where they are all gathered and waiting be an opportunity? - The environment has purposeful activity areas/discovery stations where staff and people with dementia can have resources to interact spontaneously. Activity supplies on the unit are "out of sight out of mind" in an area where staff cannot access them without leaving residents unattended. These supplies need to be moved to where residents and staff are. There is no guide or idea book for utilizing the activity supplies for games, 1;1 activities, etc. This leaves direct care staff to "make something up" and that doesn't seem happen without guidance.

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PLANNING NOTES: