Step	Rationale	Resources / Approaches
I. Assessment of the environment (social and physical)	The first action step includes an environmental assessment in order to identify areas for improvement to support resident well-being. Baseline and ongoing data can be used to track improvement.	**Environmental Assessment Tools:** ● Long-term Care Improvement Guide Self-assessment Tool (Planetree) This tool is used to evaluate readiness or progress toward culture change (vision statement, human resources, communication, empowerment, work design, staff recognition, quality improvement, individual and community life, culinary experience, activities, physical environment, transitions of care, community connections)[6] ● TESS 2+ (Therapeutic Environment Screening Survey 2+) A 37-item checklist consists of a range of environmental domains (safety /security, orientation, privacy/control), as well as staff interaction, resident involvement in activities, and physical environmental atmosphere. [7] ● The Environment and Communication Assessment Tool (ECAT) The ECAT is designed to assist staff in long-term care to recognize what physical and social changes will help improve functioning, communication, and quality of life for residents with dementia. There is a charge for this toolkit.[8] ● Person-directed care measure The tool consists of 50 items covering eight domains of person-centered care and is divided into two dimensions: person-directed care (PDC) and person-directed environment (personhood, autonomy/ choice, knowing the person, comfort, nurturing relationships, physical and organizational environment). [9] ● Person-centered care assessment tool (P-CAT) Evaluates personalization of care, organizational support, and environmental accessibility.[10]
II. Education of *all* members of the health care team	The second action step is the provision of education associated with current evidence for use of specific pharmacological and nonpharmacological approaches.	**Staff Education** Go to Educational Programs and Leadership Development document for more information on specific educational programs. (NB: No easily accessible methods were identified for assessing staff educational needs.) ● Use of an evidence-based educational program

Step	Rationale	Resources / Approaches
		◦ **STAR-Staff Training in Assisted**-living Residences [11] ◦ P.I.E.C.E.S. -Human resource development and project management tools to support changes in practice. [12] ● Practices that support integration ◦ Mandatory in-services, scheduled as part of routine work time ◦ Incentives to participate (such as a meal) facilitate reach [13] ◦ Ongoing educational opportunities at the bedside [14] **Resident / family education** ● Orientation to include philosophy, policy, and alternatives ● Revisit as needed at care planning.
III. Policy development	1. Clinical protocol, monitored by champion (s)	**Clinical Protocol to Address:** ● Assessment of: ◦ Social profile, coping measures, preferences, triggers. ◦ Preferences for Everyday Living Inventory [15] ◦ Clinical presentation of cognition, mood, function Go to Assessment document for more information on available tools for assessment. ● A plan for:[16] ◦ family involvement as desired ◦ a structured routine (24-hour) that reflects resident preference and capability; includes enriching activity and physical activity ◦ therapeutic communication ● Management of medical and psychiatric disorders such as depression, delusions, hallucinations, anxiety disorders, etc. If antipsychotics are used demonstrate that dose reductions have been tried and start with the lowest dose possible.[17] ● Formulate and maintain an individualized plan of care to avoid situations and experiences that exacerbate behaviors for each resident and a plan of care to manage acute behavioral episodes should they arise.

Step	Rationale	Resources / Approaches
		See: *Dementia Care in Nursing Homes: Clarification to Appendix P State Operations Manual (SOM) and Appendix PP in the SOM for F309.* See especially p. 35 for decision tree. ● Respond to acute behavioral episodes with appropriate assessment and management plan (to rule out delirium, plan for safety, environmental modification, individualized approaches) Go to Non-pharmacological Approaches document for more information on approaches for behaviors.
	2. Interdisciplinary care planning processes	2. Assessment and care planning that: includes the resident and in the process and provides the family with a copy of care plan; **includes CNAs in care planning and provides them a copy of the care plan.**
IV. Sustain the improvement	Quality assurance/ improvement activity	**Use of evidence-based measures** ● Pharmacist audit of psychoactive use (outcome measure) with feedback to staff [18-19]; ● Steering committee to develop process measures that reflect protocol. Include assessment of congruence to resident preference[20] ● Track increased use of appropriate NPA (outcome measure) with feedback to staff. Evidence-based approach to continuous performance improvement ● Include all levels of staff in QA/QI activity. Share results in staff meeting.[21] ● Advancing Excellence Campaign ● An example of a state campaign, Advancing Excellence (Ohio)