**Dementia Care**

**Competency**

Leader’s Guide

**Dementia Care Leader’s Guide**

**Leader’s Guide**

The Centers for Medicare & Medicaid Services (CMS), as outlined in F744, indicates, “Providing care for residents living with dementia is an integral part of the person-centered environment, which is necessary to support a high quality of life with meaningful relationships and engagement. Fundamental principles of care for persons living with dementia involve an interdisciplinary approach that focuses holistically on the needs of the resident living with dementia, as well as the needs of the other residents in the nursing home. Additionally, it includes qualified staff that demonstrate the competencies and skills to support residents through the implementation of individualized approaches to care (including direct care and activities) that are directed toward understanding, preventing, relieving, and/or accommodating a resident’s distress or loss of abilities.”1

“The facility must provide dementia treatment and services which may include, but are not limited to the following:

• Ensuring adequate medical care, diagnosis, and supports based on diagnosis;

• Ensuring that the necessary care and services are person-centered and reflect the resident’s goals, while maximizing the resident’s dignity, autonomy, privacy, socialization, independence, choice, and safety; and

• Utilizing individualized, non-pharmacological approaches to care (e.g., purposeful and meaningful activities). Meaningful activities are those that address the resident’s customary routines, interests, preferences, and choices to enhance the resident’s well-being.

It is expected that a facility’s approach to care for a resident living with dementia follows a systematic care process. In order to ensure that residents’ individualized dementia care needs are met, the facility is expected to assess, develop, and implement care plans through an interdisciplinary team (IDT) approach that includes the resident, their family, and/or resident representative, to the extent possible.

Care plan goals must be achievable, and the facility must provide those resources necessary for an individual resident to be successful in reaching those goals. Surveyors must determine whether the failure to attain or maintain the highest practicable physical, mental, and psychosocial well-being (in accordance with the comprehensive assessment and care plan) was avoidable or unavoidable. An unavoidable facility failure refers to a situation where the IDT has completed comprehensive assessments, developed and implemented individualized, person-centered approaches to care through the care-planning process, revised care plans accordingly, and residents are unable to attain or maintain their highest practicable physical, mental, and psychosocial well-being.

Residents living with dementia require specialized services and supports, (e.g., specialized activities, nutrition, and environmental modifications) that vary, based on the individual’s abilities and challenges related to their condition. Dementia causes significant intellectual functioning impairments that interfere with life, including activities and relationships. People living with dementia may lose their ability to communicate, solve problems, and cope with stressors. They may also experience fear, confusion, sadness, and agitation. While memory loss is a common indication of dementia, memory loss by itself does not mean that a person has dementia.

Although it is common in very elderly individuals, dementia is not a normal part of the aging process. There are several diseases that can cause symptoms of dementia (e.g., Alzheimer’s disease, vascular dementia, Lewy body dementia). Other conditions can also cause dementia or dementia-like symptoms (including, e.g., reactions to medications, metabolic problems and endocrine abnormalities, nutritional deficiencies, and heart and lung problems).

Some individuals living with dementia may have co-existing symptoms, such as paranoia, delusions or hallucinations or psychiatric conditions, such as depression or bipolar affective disorder. Progressive dementia may exacerbate these symptoms and conditions.

Behavioral or psychological expressions are occasionally related to the brain disease in dementia; however, they may also be caused or exacerbated by environmental triggers. Such expressions or indications of distress often represent a person’s attempt to communicate an unmet need, discomfort, or thoughts that they can no longer articulate.

Medications may be unnecessary and are likely to cause harm when given without a clinical indication, at too high of a dose, for too long after the resident’s distress has been resolved, or if the medications are not monitored. However, medications may be effective when the underlying cause of a resident’s distress has been determined and non-pharmacologic approaches to care have been ineffective or for expressions of distress that have worsened. All approaches to care, non-pharmacological and pharmacological, need to be person-centered, monitored for efficacy, risks, benefits, and harm, and revised as necessary.”1

Competency will be an essential component of dementia care and a program should be developed based upon your facility assessment, addressing the unique population of the facility and the resident needs to include:

* Dementia – disease process
* Assessment Process
* Person-Centered Care Planning
* Care Approaches
* Medication Management
* Non-pharmacological Approaches
* Communication
* Activities
* Behavioral Management
* Nutrition and Hydration
* And more

Organizational leaders will need to ensure competency of all staff members involved in the Dementia Care. Adequate resources for the program will need to be evaluated using information from the Facility-Wide Resource Assessment including:

* Staff Resources
	+ Licensed Nurses
	+ CNAs
	+ Social Services Staff
	+ Activities/Therapeutic Recreation Staff
* Documentation Considerations
	+ Paper vs. Electronic
	+ Assessment/Evaluation forms
	+ Care planning
* Education
	+ Communication
	+ Assessment/Evaluation skills
	+ Recognizing changes in behavioral symptoms
	+ Disease-specific protocols
* Evaluation and Monitoring
	+ Observations, Interviews, and Record Reviews
	+ QAPI
* Supplies and Equipment, *Etc.*
	+ Activities/Therapeutic Recreation
	+ Physicians, Physician extenders, Psychologists, Pharmacists

**Resources:**

1Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy 6/29/22: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>

LTC Survey Pathways (Download) CMS 20133 Dementia Care Critical Element Pathway

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>

Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

Alzheimer’s Association: Dementia Care Training Resources: <https://www.alz.org/help-support/resources/care-training-resources>