Proposed Accreditation Requirements Related to the Care of Patients or Residents with Dementia

Nursing and Rehabilitation Center Accreditation Program

**EC.02.01.01**

1. The organization manages safety and security risks.

**Elements of Performance for EC.02.01.01**

2. The organization identifies safety and security risks associated with the environment of care that could affect patients, residents, staff, and other people coming to the organization’s facilities.

Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. (See also EC.04.01.01, EP 14)

3. The organization takes action to minimize or eliminate identified safety and security risks associated with the physical environment.

5. The organization maintains all grounds and equipment.

11. The organization acts in accordance with product notices and recalls. (See also MM.05.01.17, EPs 1-4)

15. **The organization has written procedures to follow in the event of a patient or resident elopement.**

**EC.02.06.01**

16. The organization establishes and maintains a safe, functional environment.

**Elements of Performance for EC.02.06.01**

17. Interior spaces meet the needs of the patient and resident populations for safety and suitability for the care, treatment, and services provided.

Note: Interior spaces contain rehabilitation equipment and activities needed to achieve patients' and residents' goals, but they are arranged in a way that does not compromise the safety of the environment.

22. The organization provides outside areas for patient and resident use, suitable to the patient's or resident's age or other characteristics.

24. The organization provides storage space to meet patients' and residents' needs.

20. Areas used by patients and residents are clean and free of offensive odors.

22. Spaces are accessible for safe wandering and exploring.

23. The organization provides emergency access to all locked and occupied spaces.

26. The organization keeps furnishings and equipment safe and in good repair.
34. A sufficient number of electrical outlets with sufficient capacities are present to support the services offered to patients and residents.

38. The organization meets the needs of patients or residents with dementia by providing visual cues or landmarks in the physical environment to assist with wayfinding.

39. The organization encourages the display of objects in the patient’s or resident’s personal space that reflect meaningful memories from his or her past.

**HR.01.01.01**

The organization has the necessary staff to support the care, treatment, and services it provides.

**Elements of Performance for HR.01.01.01**

21. The organization provides licensed nurses and other nursing personnel 24 hours a day, 7 days a week, in accordance with law and regulation. (See also LD.03.06.01, EP 3)

22. The organization provides the services of a registered nurse at least 8 consecutive hours a day, 7 days a week, in accordance with law and regulation.

23. If any patient(s) or resident(s) requires the services of a registered nurse, the organization has at least one registered nurse on duty. (See also LD.03.06.01, EP 3)

26. To meet the needs of patients or residents with dementia, at a minimum, the organization plans staffing based on the following:
   - Patient or resident personal care needs
   - The varying cognitive levels of the patient or resident population served
   - Patient or resident activity programming needs
   - The level of supervision needed to maintain patient or resident safety

27. The organization provides consistent staffing assignments in order to meet the individualized needs of patients or residents with dementia.
   Note: Consistent staffing assignments help build staff’s personal knowledge on ways to provide the best care while cultivating meaningful and engaging relationships with patients and residents.

**HR.01.05.03**

Staff participate in education and training.

**Elements of Performance for HR.01.05.03**

4. Staff participate in education and training whenever staff responsibilities change. Staff participation is documented.

5. Staff participate in education and training that is specific to the needs of the patients and residents served by the organization. Staff participation is documented. (See also PC.01.02.09, EP 3)

23. All staff education and training incorporate person-centered care principles. (See also HR.01.07.01, EP 6)
24. Staff participate in annual education and training that aligns with current best practices in dementia care and includes the following:
- Symptoms of dementia progression
- How to recognize potential symptoms of delirium
- Understanding how a patient’s or resident’s unmet needs are expressed through behaviors, such as wandering or exit seeking
  Note: Unmet needs may include pain, hunger, thirst, boredom, loneliness, or an underlying medical condition.
- Communication techniques for the patient or resident with dementia
- Personalized approaches to behavioral expressions of unmet needs *
- Abuse prevention
- Supporting the patient or resident through environmental cues and landmarks
- Environmental measures that promote comfort including room temperature, lighting, and sound
  Participation in this education is documented. (See also EC.02.06.01, EPs 38-39 and HR.01.06.01, EP 25)
  Footnote *: Valuable training resources include the Centers for Medicare & Medicaid Services’ “Hand-in-Hand” training toolkit found at http://cms-handinhandtoolkit.info, the “Bathing Without a Battle” video found at www.bathingwithoutabattle.unc.edu, the “Mouthcare Without a Battle” video found at http://www.mouthcarewithoutabattle.org, the Alzheimer’s Association CARES™ Dementia Basics™ program, the CARES® Dementia Advanced Care™ program, and essentiALZ® certification program found at www.alz.org.

HR.01.06.01

Staff are competent to perform their responsibilities.

Elements of Performance for HR.01.06.01

1. The organization defines the competencies it requires of its staff who provide patient or resident care, treatment, and services.
   Note: Competencies may relate to the techniques, procedures, technology, equipment, and skills required to provide the population served with care, treatment, and services. (See also NPSG.03.06.01, EP 3)

2. The organization uses assessment methods to determine the individual’s competence in the skills being assessed.
   Note: Methods may include test taking, return demonstration, or the use of simulation.

3. An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence.
   Note: When a suitable individual cannot be found to assess staff competence, the organization can utilize an outside individual for this task. Alternatively, the organization may consult the competency guidelines from an appropriate professional organization to make its assessment.

5. The organization conducts an initial assessment of staff competence as part of orientation. This assessment is documented.

6. Staff competence is assessed and documented once every three years, or more frequently as required by organization policy or in accordance with law and regulation.
15. The organization takes action when a staff member’s competence does not meet expectations. Note: Actions may include, but are not limited to, providing additional training or supervision, or modifying job responsibilities.

25. Staff competencies include the following:
   - Communication techniques for the patient or resident with dementia
   - Effective personalized approaches to care for patients or residents with dementia

      (See also HR.01.05.03, EP 24)

**IM.03.01.01**

Knowledge-based information resources are available, current, and authoritative.

**Elements of Performance for IM.03.01.01**

1. The organization provides access to knowledge-based information resources 24 hours a day, 7 days a week (for example: online knowledge-based resources, print textbooks and journals). (See also IM.01.01.03, EP 6)

5. **The organization uses dementia-related resources and tools to plan dementia programming and services.**

   Footnote *: A valuable resource is the "Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes." It can be found on the Alzheimer's Association website at http://www.alz.org/.

**LD.01.06.01**

A medical director oversees the care, treatment, and services provided to patients and residents.

**Elements of Performance for LD.01.06.01**

1. The medical director is a licensed physician and is appointed by the chief executive or is designated by the medical staff.

2. The responsibilities of the medical director are defined in a written agreement with the governing body.

3. The medical director provides clinical leadership by doing the following:
   - Directing and coordinating medical care in the organization
   - Participating in the creation of policies, procedures, and guidelines for clinical care, treatment, and services and the development of emergency treatment procedures for patients and residents
   - Participating in the provision of in-service training programs
   - Making recommendations to governance on whether or not a licensed independent practitioner can provide care, treatment, and services at the organization
   - Monitoring the performance of medical services
   - Understanding the policies and programs of public health agencies that affect patient and resident care programs
   - Acting as the organization's medical representative in the community

(See also HR.02.01.04, EP 13)
4. The medical director advises the administration, the governance, and other professionals on
the following:
- The development and maintenance of the clinical record system
- The degree to which the organization’s scope of services, its medical equipment, and its
  professional and support staff meet patients’ and residents’ needs
- Future patient or resident care programs
- Health and safety recommendations to resolve hazards identified in the environment
- Methods for monitoring employee health status and the content of employee health policies

5. The medical director provides physician leadership in the following ways:
- By helping to arrange and internally communicate physician availability and coverage
- By communicating medical staff responsibilities and medical care policies, procedures, and
  guidelines to all licensed independent practitioners providing or ordering care
- By serving as a member of the organized medical staff if the organization has one
- By collaborating with the administrator and the organized medical staff, if the organization
  has one, to formulate the bylaws and the rules and regulations
- By being responsible, when there is no medical staff, for the written rules and regulations for
  all licensed independent practitioners who attend patients or residents in the organization

Note: This standard does not require the creation of a medical staff where one does not exist.
The nursing and rehabilitation center chooses whether or not to create a medical staff.

7. The medical director reviews the utilization of psychotropic medications to determine
that there is no misuse or overuse.

**MM.01.01.05**

The organization monitors the use of psychotropic medications.

**Elements of Performance for MM.01.01.05**

2. The organization uses an interdisciplinary process that includes the physician, pharmacist,
nurse, and other members of the health care team, as identified by the organization, to
monitor patients’ and residents’ psychotropic medications.

3. Psychotropic medications are prescribed only as follows:
- When indicated by assessment and medical necessity
- After other nonpharmacological interventions or alternatives have been considered or used
- At the lowest effective therapeutic dose

4. The organization reviews the use of "as needed" orders (PRN orders) for psychotropic
medications to determine their appropriateness and effectiveness and to minimize use.

5. The organization evaluates compliance with its process for monitoring the use of psychotropic
medications within a time frame defined by the organization.

6. The organization involves the patient or resident (to the extent possible) and their
family or legal representative in the decision about placing the patient or resident on
an antipsychotic medication.

7. For patients or residents admitted on an antipsychotic medication, the physician and
consulting pharmacist review the patient’s or resident’s medication list. The review
verifies the following:
- Clinical indication for the antipsychotic medication
- Necessity for ongoing use of the antipsychotic medication
- Consideration of gradual dose reduction of the antipsychotic medication
8. A documented process is implemented when initiating an antipsychotic medication that includes the following:
   - Clinical indication for the antipsychotic
   - Routine monitoring protocol

PC.01.02.01

The organization assesses and reassesses its patients and residents.

Elements of Performance for PC.01.02.01

1. The organization defines, in writing, the scope and content of screening, assessment, and reassessment information it collects. (See also RC.02.01.01, EP 2)

2. The organization defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed. (See also PC.01.02.07, EP 1)

13. The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following:
   - The patient's or resident's current diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments
   - The patient's or resident's physical and neuropsychiatric status
   - The patient's or resident's communication status
   - The patient's or resident's functional status
   - The patient's or resident's rehabilitation status, potential, and needs
   - The patient's or resident's nutritional and hydration status
   - The patient's or resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures
   - The patient's or resident's pain status, including recent pain history, origin, location, severity, alleviating, and exacerbating factors; current treatment for pain; and response to treatment
   - The patient's or resident's psychosocial and spiritual needs
   - The patient's or resident's cultural and ethnic factors that can influence care, treatment, and services
   - The patient's or resident's personal preferences regarding schedules, activities, and grooming
   - For the dying patient or resident, the social, spiritual, and cultural variables that influence both the patient's or resident's and family's perceptions and experience of the process of dying

23. During assessments and reassessments of the patient or resident, the organization gathers the defined data and information.

41. When assessing patients or residents for changes in cognition, the organization uses evidence-based cognitive and memory assessment tools. *(See also LD.01.06.01, EP 8)

Footnote *: Assessment tool examples include the MMSE (Mini-Mental State Examination), The Clock Test, GDS (Global Deterioration Scale), the FAQ (Functional Activities Questionnaire), and the Allan Cognitive Disability Scale.
For patients or residents with dementia, the organization involves the patient or resident and his or her family in the assessment and reassessment of the following:
- Behavioral expressions, including signs of potential delirium
- Sensory capabilities
- Swallowing abilities
- Decision-making capacity
- Sleep patterns
- Depression screening
- Wandering patterns, if applicable, and conditions under which wandering occurs
- Elopement risk assessment
- The reason(s) why antipsychotic medication has been prescribed
- Physical function capabilities
- Variances in physical and cognitive function based on time of day
- Attention span during meals that may affect hydration and food consumption
- Environmental factors that minimize distress

Note: Examples of environmental factors that may create distress for patients or residents with dementia include lighting that creates shadows or glare; furnishings with busy patterns; lack of color contrast with walls, tables, and floor surfaces; and flooring patterns that create the perception of level changes. (See also PC.01.03.01, EP 49)

During the initial assessment of the patient or resident with dementia, the organization obtains a history from the patient or resident and family that includes the following:
- Recent changes in behavior or cognition
- The patient's or resident's pre-dementia personality
- Social patterns
- Responses to stress and effective interventions
- Patient or resident lifelong interests, preferences, and routines (See also PC.01.03.01, EP 48)
- Eating habits and food preferences (See also PC.02.02.03, EP 9)

**PC.01.02.05**

Qualified staff or licensed independent practitioners assess and reassess the patient or resident.

**Elements of Performance for PC.01.02.05**

1. Based on the initial assessment, a registered nurse determines the patient's or resident's need for nursing care, as required by organization policy and in accordance with law and regulation.

7. Residents or patients who exhibit symptoms of dementia are evaluated * in order to establish a differential diagnosis. This evaluation is conducted by a neurologist, psychiatrist, or geriatrician, if available, or another physician qualified to establish this diagnosis.  

Footnote *: A useful reference on dementia evaluations can be found on the Alzheimer's Association website at www.alz.org.

8. A qualified licensed independent practitioner conducts a psychiatric assessment at least quarterly for patients or residents on a psychotropic medication.
**PC.01.02.07**

The organization assesses and manages the patient’s or resident’s pain.

**Elements of Performance for PC.01.02.07**

1. The organization conducts a comprehensive pain assessment of the patient or resident that is consistent with the patient’s or resident's condition. (See also PC.01.02.01, EP 2; RI.01.01.01, EP 8)

2. The organization uses methods to assess pain that are consistent with the patient's or resident’s age, condition, and cognitive ability.

3. The organization reassesses the patient's or resident's pain, based on its reassessment criteria.

4. The organization either treats the patient's or resident’s pain or refers the patient or resident for treatment.

   Note: Treatment of pain includes interventions for breakthrough pain.

9. If the patient or resident is unable to convey the presence of pain, the organization utilizes a validated non-verbal/non-cognitive pain assessment tool.

   Footnote *: A useful tool for assessing pain for patients and residents with dementia is the “Pain Assessment in Advanced Dementia (PAINAD) Scale.” It can be found on the American Medical Directors Association website at www.amda.com/publications/caring/may2004/painad.cfm.

**PC.01.02.09**

The organization assesses the patient or resident who may be a victim of possible abuse, neglect, or exploitation.

**Elements of Performance for PC.01.02.09**

1. The organization has written criteria to identify those patients and residents who may be victims of physical assault, sexual assault, sexual molestation, domestic abuse, elder or child abuse, neglect, or exploitation. (See also RI.01.06.03, EP 2)

   Note: Criteria can be based on age, sex, and circumstance.

1. The organization has written criteria to identify those patients and residents who may be victims of physical assault, sexual assault, sexual molestation, domestic abuse, elder or child abuse, neglect, or exploitation. (See also RI.01.06.03, EP 2)

   Note: Criteria can be based on age, sex, and circumstance. Research shows that dementia and disruptive behavior may increase a patient's or resident’s risk of mistreatment.

2. To assist with referrals of possible victims of abuse, neglect, or exploitation, the organization maintains a list of private and public community agencies that can provide or arrange for assessment and care.

3. The organization educates staff about how to recognize signs of possible abuse, neglect, and exploitation, and about their roles in follow-up, including reporting. (See also HR.01.05.03, EP 5)

4. The organization uses its criteria to identify possible victims of abuse, neglect, and exploitation, upon admission into the organization and on an ongoing basis.
5. The organization either assesses the patient or resident who meets criteria for possible abuse, neglect, and exploitation, or refers the patient or resident to a public or private community agency for assessment.

6. The organization internally reports cases of possible abuse, neglect, and exploitation. (See also RI.01.06.03, EP 3)

7. The organization reports cases of possible abuse, neglect, and exploitation to external agencies, in accordance with law and regulation. (See also RI.01.06.03, EP 3)

**PC.01.03.01**

The organization plans the patient’s or resident’s care.

**Elements of Performance for PC.01.03.01**

1. The organization plans the patient's or resident’s individualized care, treatment, and services based on needs identified by the patient’s or resident’s assessment (including strengths and goals), reassessment, and results of diagnostic testing.

2. The patient's or resident's written plan for individualized care, treatment, and services is developed by an interdisciplinary team comprised of health care professionals, including the attending physician, and in partnership with the patient or resident, family, and staff. This plan is based on the patient's or resident's personal goals, personal preferences, and freedom of choice.

3. An interim plan for care, treatment, and services is developed and documented for each patient or resident immediately after the patient or resident is admitted.

4. The organization develops the patient's or resident's plan for care, treatment, and services as soon as possible after admission in accordance with law and regulation, but no later than seven calendar days after the patient's or resident’s comprehensive assessments are completed.

7. The interdisciplinary team collaborates on the review and revision of the plan for care, treatment, and services.

8. The plan for care, treatment, and services identifies the following:
   - The care, treatment, and services, including interventions to facilitate the patient's or resident's return to the community, or discharge or transfer to an appropriate level of care
   - The frequency at which care, treatment, and services will occur
   - The team members responsible for providing care, treatment, and services

28. At 90-day intervals, or more frequently based on response to the patient’s or resident’s condition, the interdisciplinary care team does the following:
   - Evaluates the patient's or resident's progress toward meeting the goals of care, treatment, and services
   - Revises the plan for care, treatment, and services
   - Collaborates with the family in revising the plan for care, treatment, and services

(See also PC.01.02.03, EP 23)
For patients or residents with dementia, the plan of care includes the following:
- Personalized approaches to behavioral expressions of unmet needs that minimize the use of psychotropic medications
- Flexibility for providing personal care based on the patient's or resident's sleep and wake patterns
- Interventions to promote optimal physical function
- Activities that promote the patient's or resident's quality of life (See also PC.02.02.09, EP 4)
- Nutrition and hydration needs (See also PC.02.02.03, EP 23)
- Environmental interventions that minimize distress (See also PC.01.02.01, EP 42)

**PC.02.01.05**

The organization provides interdisciplinary, collaborative care, treatment, and services.

**Elements of Performance for PC.02.01.05**

1. Care, treatment, and services are provided to the patient or resident in an interdisciplinary, collaborative manner.

9. Information about the patient or resident is shared among all members of the interdisciplinary team, including the physician, within the organization's defined time frames.
   Note: Examples of this information include changes in the patient's or resident's condition, consultation and evaluation reports, and diagnostic testing results.

13. Changes in the patient's or resident's condition are communicated to the attending physician or other authorized health care professional(s), the patient or resident, and the patient's or resident's family.

14. Information from consultation and evaluation reports is communicated to the attending physician.

31. For patients or residents with dementia, the interdisciplinary team discusses care, treatment, and services with the family on an ongoing basis including the following:
   - The presence of behavioral symptoms
   - Personalized approaches to behavioral expressions of unmet needs that minimize the use of psychotropic medications
   - Use of any psychotropic medications
   - Interventions to promote optimal physical function

32. For patients or residents with dementia, direct care staff communicate with each other between shifts regarding the following:
   - Patients and residents with behavioral symptoms
   - Identification of potential underlying cause(s) of behavioral symptoms
   - Successful personalized approaches to care
   - Successful communication techniques with patients and residents
The organization responds effectively to behavioral expressions of unmet needs by patients or residents with dementia.

Rationale for Standard PC.02.01.08:
Essential to the provision of optimal care is understanding that behaviors are an expression of unmet needs. By responding to behaviors with personalized approaches to patient and resident care, meaningful relationships between staff, patients, and residents are fostered. These meaningful relationships enable staff to know the patient’s or resident’s personal interests, preferences, and routines, which can minimize and even eliminate the need for psychotropic medications.

Elements of Performance for PC.02.01.08

1. The organization monitors typical behavioral expressions of unmet needs including the nature of behaviors. Behavioral expressions of unmet needs are documented. 
   Note: Behavioral expressions of unmet needs may include yelling or calling out, motor restlessness, facial grimacing, teeth clenching, rigidity of body posture, wandering, rummaging, combativeness, or resistance to care.

2. The organization assesses underlying causes of patient or resident behavioral expressions of unmet needs.

3. The process used to alleviate typical behavioral expressions of unmet needs includes personalized approaches that do not rely solely on the use of psychotropic medications. (See also PC.01.03.01, EP 48) 
   Note: Examples of personalized approaches to meet the patient’s or resident’s needs include modifications to the environment and daily routine, such as the use of soothing music, pleasant aromas, gentle massage, reduction of environmental noise, taking a walk, or engaging the patient or resident.

4. The organization assesses the effectiveness of personalized approaches to behavioral expressions of unmet needs.

5. When a patient or resident exhibits a sudden and severe onset of confusion or delirium beyond typical behavioral expressions of unmet needs, the organization determines and addresses probable cause(s), including possible psychological or medical issues.

6. The organization involves the direct care staff and family in developing personalized approaches to address behavioral expressions of unmet needs.

7. The organization provides family education that includes the following:
   - Dementia progression and related behavioral expressions of unmet needs
   - Communication techniques for the patient or resident with dementia
   - Personalized approaches to care for the patient or resident with dementia
   - Use of psychotropic medications, reason(s) for use, potential side effects
PC.02.02.01

The organization coordinates the patient's or resident's care, treatment, and services based on the patient's or resident's needs.

Elements of Performance for PC.02.02.01

1. The organization has a process to receive or share patient or resident information when the patient or resident is referred to other internal or external providers of care, treatment, and services. (See also PC.04.02.01, EP 1)

2. The organization's process for hand-off communication provides for the opportunity for discussion between the giver and receiver of patient or resident information. Note: Such information may include the patient's or resident's condition, care, treatment, medications, services, and any recent or anticipated changes to any of these.

3. The organization coordinates the patient's or resident's care, treatment, and services. Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services.

10. When the organization uses external resources to meet the patient's or resident's needs, it coordinates the patient's or resident's care, treatment, and services.

17. The organization coordinates care, treatment, and services within a time frame that meets the patient's or resident's needs and preferences.

PC.02.02.03

The organization makes food and nutrition products available to its patients and residents.

Elements of Performance for PC.02.02.03

6. The organization prepares food and nutrition products under proper conditions of sanitation, temperature, light, moisture, and ventilation.

7. Food and nutrition products are consistent with each patient's or resident's care, treatment, and services.

8. The organization accommodates a patient's or resident's diet schedule, unless contraindicated.

9. When possible, the organization accommodates the patient's or resident's cultural, religious, or ethnic food and nutrition preferences, unless contraindicated.

9. When possible, the organization accommodates the patient's or resident's cultural, religious, or ethnic food and nutrition preferences, unless contraindicated. (See also PC.01.02.01, EP 43)
10. When a patient or resident refuses menu items, the organization offers substitutes of equal nutritional value.

11. The organization stores food and nutrition products, including those brought in by patients and residents or their families, under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.

13. Staff assist those patients and residents who require help eating. **Note:** Special attention should be given to patients or residents with dementia who have either low attentiveness or wander away during a meal.

14. Patient or resident dining areas are supervised consistent with patients’ and residents’ needs.

21. A food service supervisor oversees general kitchen management.

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**PC.02.02.09**

Patients and residents are provided with opportunities to participate in social and recreational activities.

**Elements of Performance for PC.02.02.09**

1. The organization offers patients and residents a variety of social and recreational activities according to their abilities and interests.

3. The organization helps patients and residents to participate in social and recreational activities according to their abilities and interests.

4. For patients or residents with dementia, the organization provides activities that accomplish the following:
   - Recognize the patient or resident with dementia as a mature adult
   - Encompass both small groups with similar cognitive levels and one-to-one opportunities
   - Match the patient’s or resident’s cognitive, sensory, and physical capabilities
   - Promote engagement in a manner that supports the patient’s or resident’s communication ability
   - Match the patient’s or resident’s past and current interests
   - Promote creative artistic expression
   - Meet the patient’s or resident’s spiritual or religious needs
   - Allow for flexibility based on the patient’s or resident’s sleep and wake patterns (See also PC.01.03.01, EP 49)

**Note:** Some computer-based activity programs have been shown to improve cognition in patients and residents with dementia.
PC.04.02.01

When a patient or resident is transferred or discharged, the organization gives information about the care, treatment, and services provided to the patient or resident to other service providers who will provide the patient or resident with care, treatment, and services.

Elements of Performance for PC.04.02.01

1. At the time of the patient's or resident's transfer or discharge, the organization informs other service providers who will provide care, treatment, and services to the patient or resident about the following:
   - The reason for the patient's or resident's transfer or discharge
   - The patient's or resident's physical and psychosocial status
   - A summary of care, treatment, and services it provided to the patient or resident
   - The patient's or resident's progress toward goals
   - A list of community resources or referrals made or provided to the patient or resident
   
   (See also PC.02.02.01, EP 1)

8. For patients or residents with dementia, prior to transfer or discharge, the organization provides the transfer of important patient or resident information to other service providers, including the following:
   - A complete list of medications, including antipsychotic use
   - Successful communication techniques
   - Successful personalized anxiety-reducing interventions that may promote a feeling of safety
   
   (See also PC.02.02.01, EPs 1 and 2)

PI.01.01.01

The organization collects data to monitor its performance.

Elements of Performance for PI.01.01.01

1. The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)
2. The organization identifies the frequency for data collection.
3. The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1)
9. The organization collects data on the following: The use of restraints.
12. The organization collects data on the following: Behavior management and treatment.
13. The organization collects data on the following: Quality control activities.
   Note: Examples of topics for quality control activities include the delivery and content of food trays and laundry services.
14. The organization collects data on the following: Significant medication errors. (See also MM.08.01.01, EP 1)
15. The organization collects data on the following: Significant adverse drug reactions. (See also MM.08.01.01, EP 1)
16. The organization collects data on the following: Patient and resident (and, as needed, the family) perception of the safety and quality of care, treatment, and services. (See also LD.03.01.02, EP 1)
30. The organization considers collecting data on the following:
   - Staff opinions and needs
   - Staff perceptions of risk to individuals
   - Staff suggestions for improving patient and resident safety
   - Staff willingness to report adverse events
   (See also LD.03.01.02, EP 1)
   Note: If the organization has not collected data on this topic, consideration can be
demonstrated through methods such as interviews or meeting minutes.

44. The organization collects data on patient, resident (and, as appropriate, the family), and staff
perceptions of the organization’s performance in regard to supporting patient and resident
choices, preferences, and self-determination.

45. The organization collects data on psychotropic medication use, including the use of
antipsychotics.