

APPROVED: Memory Care Requirements for Nursing Care Center Accreditation

Effective July 1, 2014, The Joint Commission will implement new memory care requirements designed to help accredited nursing care centers enable patients and residents with dementia to remain engaged in their environment at the level of their cognitive ability—and to function at the highest level possible for as long as possible.


Evidence-based research shows that 68% of patients or residents in nursing homes have some degree of cognitive impairment; of these, 27% have mild cognitive impairment and 41% have moderate to severe cognitive impairment.¹ The Joint Commission's new memory care requirements for nursing care center accreditation, which focus on the care of patients or residents with memory-impacting conditions such as Alzheimer's or dementia, encompass these five key areas:

1. *Care coordination*—Staff collaboratively assess, plan, and provide care that is consistent with current advances in dementia care practices.
2. *Staff knowledge and competency*—Staff have the qualifications, skills, training, and education to assess and provide care for a patient or resident population with memory impairment.
3. *Activity programming based on abilities*—Staff provide activities that match the patient's or resident's cognitive ability, memory, attention span, language, reasoning ability, and physical function.
4. *Behavior management*—The organization places emphasis on the use of nonpharmacological interventions as an alternative to antipsychotic medication use.

5. *Safe and supportive physical environment*—The organization modifies the physical environment to promote safety and minimize confusion and overstimulation.

The new accreditation requirements will be published in the spring 2014 E-dition® update for nursing care centers as well as the 2014 *Comprehensive Accreditation Manual for Nursing Care Centers*. The box that begins below displays the new requirements (along with five requirements that have been revised to enhance memory care); new text is underlined and deleted text is shown in ~~strike through~~. The requirements are also available on The Joint Commission website at http://www.jointcommission.org/standards_information/prepublication_standards.aspx.

Optional Certification

In addition to the new memory care requirements, which are integrated into the overall accreditation program, The Joint Commission is currently developing optional certification requirements for organizations seeking distinction for their dementia care specialization. An upcoming issue of *Perspectives* will provide further details on this new product. For more information, please contact Beth Ann Brehm, associate project director, Department of Standards and Survey Methods, at bbrehm@jointcommission.org. 

Reference

1. Alzheimer's Association. 2013 Alzheimer's Disease Facts and Figures. Accessed Dec 2, 2013. http://www.alz.org/downloads/facts_figures_2013.pdf

	<p>Official Publication of Joint Commission Requirements</p> <h2>Memory Care Requirements for Nursing Care Center Accreditation</h2>
<p>Effective July 1, 2014 APPLICABLE TO NURSING CARE CENTERS</p> <p>Environment of Care (EC)</p> <hr/> <p>Standard EC.02.01.01 The organization manages safety and security risks.</p>	<p>Element of Performance for EC.02.01.01 A 15. <u>©The organization has written procedures to follow in the event of a patient or resident elopement.</u></p> <p>Standard EC.02.06.01 The organization establishes and maintains a safe, functional environment.</p> <p>Elements of Performance for EC.02.06.01 A 38. <u>The organization meets the needs of patients or resi-</u></p>

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dents with dementia by providing visual cues or landmarks in the physical environment to assist with wayfinding. (See also HR.01.05.03, EP 24)


- C 39.** The organization encourages the display of objects in the patient's or resident's personal space that reflect meaningful memories and religious, spiritual, or cultural traditions from his or her past. (See also HR.01.05.03, EP 24)

Human Resources (HR)


Standard 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

- A 26.** To meet the needs of patients or residents with dementia, at a minimum, the organization plans nurse staffing (RN, LPN, CNA) based on the following: 

- Patient or resident personal care needs
- The varying cognitive levels of the patient or resident population served
- The level of supervision needed to maintain patient or resident safety


- A 27.** The organization provides consistent nurse staffing (RN, LPN, CNA) assignments in order to meet the individualized needs of patients or residents with dementia. 

Note: Consistent staffing assignments refer to the same caregiver caring for the same patient or resident almost every time they are on duty. 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.

Standard HR.01.05.03

Staff participate in education and training.

Element of Performance for HR.01.05.03

- C 24.**  Staff participate in annual education and training that aligns with current best practices in dementia care and includes the following:

- Symptoms of dementia and its 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 could encompass pain, hunger, thirst, bowel irregularity, bladder troubles, boredom,

loneliness, spirituality, cultural issues, 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)

* 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 CARES[®] Dementia Basics™ program, the CARES[®] Dementia Advanced Care™ program, and the Alzheimer's Association essentiALZ[®] certification program found at www.alz.org/essentialz.

Standard HR.01.06.01

Staff are competent to perform their responsibilities.

Element of Performance for HR.01.06.01

- C 25.**  Staff competencies include at least 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)

Information Management (IM)

Standard IM.03.01.01

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

Element of Performance for IM.03.01.01

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

* 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/>.

Leadership (LD)

Standard LD.01.06.01

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

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Element of Performance for LD.01.06.01

A 7. The medical director monitors the use of psychotropic medications in order to minimize misuse or overuse of these medications.

Note: Psychotropic medications include antipsychotics, antidepressants, anxiolytics, and sedatives/hypnotics.

Medication Management (MM)

Standard MM.01.01.05

The organization monitors the use of psychotropic medications.

Elements of Performance for MM.01.01.05

C 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. (See also PC.02.01.08, EP 7)

C 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, based on the patient's or resident's potential to cause harm to self or others
- Consideration of gradual dose reduction of the antipsychotic medication
- Consideration of alternatives to antipsychotic medication use

Provision of Care, Treatment, and Services (PC)

Standard PC.01.02.01

The organization assesses and reassesses its patients and residents.

Elements of Performance for PC.01.02.01

41. When assessing patients or residents for changes in cognition, the organization uses evidence-based cognitive and functional assessment tools.*

* Assessment tool examples include the Confusion Assessment Method (CAM), the Clock Test, the Global Deterioration Scale (GDS), the Functional Activities Questionnaire (FAQ), the Montreal Cognitive Assessment (MoCA), and the Allan Cognitive Disability Scale.

C 42. For patients or residents with dementia, the organization involves, to the degree possible, 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
- Weight loss patterns, if applicable
- 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 48)

C 43. 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 2)
- Eating habits, food and beverage preferences (See also PC.02.02.03, EP 9)
- Religious, spiritual, and cultural customs

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Standard 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

C 7. © Residents or patients without an established dementia diagnosis 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. 

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

C 8. © A qualified licensed independent practitioner conducts a behavioral health assessment at least quarterly for patients or residents on a psychotropic medication. 

Standard PC.01.02.07

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

Element of Performance for PC.01.02.07

A 9. If the patient or resident is unable to convey the presence of pain, the organization uses a validated nonverbal/noncognitive pain assessment tool.*

* 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.

Standard PC.01.02.09

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

Element of Performance for PC.01.02.09

A 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.*


* One source of research is the National Center on Elder Abuse. www.ncea.aoa.gov.

Standard PC.01.03.01

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

Element of Performance for PC.01.03.01

C 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~~ reflects the patient's or resident's personal goals, personal preferences, lifelong interests, routines for daily activities, and freedom of choice. (See also PC.01.02.01, EP 43)  


C 48. 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 (See also PC.02.01.08, EP 3)
- 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
- Environmental interventions that minimize distress (See also PC.01.02.01, EP 42)

Standard PC.02.01.05

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

Elements of Performance for PC.02.01.05

C 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

A 32. For patients or residents with dementia, direct care staff communicate with each other between shifts regarding the following:

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- 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
- Emotional support provided to family

Standard PC.02.01.08

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 for the patient or resident with dementia 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

- C 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.

- C 2.** Ⓣ The organization assesses underlying causes of patient or resident behavioral expressions of unmet needs. Ⓢ
- A 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.

- C 4.** Ⓣ The organization assesses the effectiveness of personalized approaches to behavioral expressions of unmet needs. Ⓢ

- C 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. Ⓢ

- A 6.** The organization involves the direct care staff and family, to the degree possible, in developing personalized approaches to address behavioral expressions of unmet needs.

- A 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; and risks versus benefits, including potential side effects (See also MM.01.01.05, EP 6)

Standard 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

- A 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, EPs 1 and 8)
- A 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. (See also PC.04.02.01, EP 8) **R**

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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.

Standard 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

- C** 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)
- C** 13. Staff assist those patients and residents who require help eating. **M** **A** **R**

Note 1: *Special attention should be given to patients or residents with dementia who have either low attentiveness or wander away during a meal.*

Note 2: *Ways in which staff can help minimize distraction and confusion during mealtime include keeping the table setting simple, serving only one or two foods at a time, providing finger foods, and allowing plenty of time to eat.*

Standard PC.02.02.09

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

Element of Performance for PC.02.02.09

- C** 4. For patients or residents with dementia, the organization provides activities that accomplish the following: **M**
- 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 48)

Standard 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.

Element of Performance for PC.04.02.01

- C** 8. For patients or residents with dementia, the organization provides the following patient or resident information to other service providers at the time of transfer or discharge: **M**
- A complete list of medications
 - 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)

Performance Improvement (PI)

Standard PI.01.01.01

The organization collects data to monitor its performance.

Element of Performance for PI.01.01.01

- A** 45. **Q** The organization collects data on psychotropic medication use, including the use of antipsychotics.