

## Strengths Analysis Tool

How person-centred is your facility? Do the routines and environment support the highest possible quality of life? What processes are in place to reduce reliance on antipsychotics?

This tool was designed to find out what your staff notice about the strengths and areas for improvement in your facility. It may be used as a whole, or with a focus on one part. Staff feedback is helpful to spark discussion, identify priorities for action and invite ideas from individuals passionate about improving quality of life for seniors and those with dementia.

<b>Facility: Environment and Supports</b>	Agree	Action Required
<p>Breakfast timing is flexible to promote person-centred care.</p> <p>Food choices and activities promote person-centred care.</p> <p>Healthy snacks are offered between meals if in resident's care plan.</p> <p>Healthy snacks are available between meals and during night shift</p> <p>Diet provides adequate fat and protein to avoid swings in blood sugar</p> <p>Diet provides adequate nutrition to support health and cognition</p> <p>Food is appealing; meal times are enjoyed by residents.</p> <p>Independence is encouraged at level of capability (eating, setting their own place settings, clean up, self-care)</p> <p>Scheduled activities are available and effective to prevent boredom and provide meaning/ purpose</p> <p>Exercise is provided to promote sleep, mobility and enjoyment.</p> <p>There are safe and interesting places to walk at all hours of day/night.</p> <p>Natural lighting is available, and is employed to keep residents awake and alert during the day – and thus to promote sleep at night.</p> <p>Sleep is protected at night by a quiet environment: staff speak in hushed voices, no equipment running, no overhead paging</p> <p>Sleep is protected at night by individualized lighting needs: night lights with motion-sensors, low light during night to prevent disorientation</p> <p>The environment is uncluttered, calm and quiet.</p>		

<b>Person-Centred Care: Strength Analysis</b>	Agree	Action Required
<p>The majority of our staff have taken a dementia care course such as Supportive Pathways or SP recertification within the past 5 years.</p> <p>We have consultant(s) for complex behaviours such as PIECES trained professional staff, mental health team or nurse practitioner.</p> <p>Regular (e.g. weekly) interprofessional discussions occur to prevent and manage responsive behaviours with person-centred strategies.</p> <p>Discussions around responsive behaviours and person-centred care include staff from all professions, on all shifts.</p> <p>Daily updates occur around resident status &amp; response to interventions.</p> <p>Common underlying causes of responsive behaviours are routinely and effectively assessed (e.g. pain, toileting, constipation)</p> <p>Behaviour mapping is used to monitor effectiveness of interventions with specific time lines and review dates.</p> <p>Care plans are regularly evaluated for follow-through and effect, and adapted as needed.</p> <p>Inservices regularly promote person-centred care approaches.</p> <p>We have a process in place to bring new hires up to speed on person-centred care and new initiatives or projects.</p> <p>Staff approach rarely contributes to resident aggression in this facility.</p> <p>Our care is more person-centred than task-focused.</p> <p>The facility's values support person-centred care.</p> <p>Performance evaluations include discussions about person-centred care.</p> <p>A process is in place to work with staff who have difficulty with strategies around resistance to care.</p> <p>Staff are aware of antipsychotic side effects; side effects are routinely assessed and documented.</p> <p>Staff are aware of antipsychotic risks and exhaust other alternatives first.</p>		

<b>Culture Change for Appropriate Use of Antipsychotics</b>	Agree	Action Required
<p>Families are informed of the risks and limited benefits of antipsychotics, and given opportunity to provide or refuse consent, without coercion.</p> <p>HCA's are asked to explore reasons for aggression or agitation; discussions occur around alternatives before PRN antipsychotics are given.</p> <p>Documentation of PRN antipsychotic requires reason, effect, what else was tried, and any changes to the care plan to prevent or reduce future responsive behaviours.</p> <p>PRN antipsychotics have automatic stop dates if unused after 30 days.</p> <p>New antipsychotic orders are PRN only – not regularly scheduled.</p> <p>Choices are provided to reduce reliance on antipsychotics E.g. Permission to call in a HCA for 4 hours if nothing else is working;</p> <p>Use of antipsychotics creates additional work: E.g. call facility leadership first, behaviour mapping, informed consent, restraint monitoring.</p> <p>New antipsychotic orders obtained on evenings or weekends are reassessed the next business day; follow-up occurs with staff involved.</p> <p>A process is in place to address new admissions who arrive on antipsychotic prescriptions: families are informed of risks and benefits, reason for antipsychotic is explored, review date set, gradual dose reduction initiated.</p> <p>The medication review occurs during a time when evening staff can attend.</p>		

<b>My Top 3-5 Priorities:</b>
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2.
3.
4.
5.