**Establish your Mission / Create a Plan to Share / Understand the Expectations / Celebrate**

**Goals:**

* **Share the education model received at the Dementia Well-Being Specialist training with everyone on your team.**
* **Examine care practices and develop plans to support and maintain joy for each person living with dementia in our facility**

**Team Approach for support:**

1. **Team Members**
   1. **LTC Champion**
   2. **Administrator and/or DON**
   3. **MDS Coordinator**
   4. **Social / Activity**
   5. **Direct Care**
2. **Start with a Mission**
3. **Review Data / Gather information**
4. **Share information**
5. **Assist with planning**
6. **Implement plan**
7. **Educate others**
8. **Promote “Doing the Right thing for the Right reason” way of thinking!**

**Long Term Care Champion:**

1. **Guide the process and lead initiative—BE THE CHAMPION**
2. **Use the QM data to set goals**
3. **Develop Education plan for ALL staff**
4. **Obtain a staff roster and track training**
5. **Track progress and create excitement**
6. **Use the 10 modules given at the well-being specialist training as your guide on topics**
7. **Report Daily updates during Stand-up meeting**
8. **Complete MONTHLY report (15th of the month) and send to AR Quality Partners**

**Weekly team meeting:**

1. **Residents to review**
   1. **New Admissions/Readmissions**
   2. **Behavior changes**
   3. **New interventions**
   4. **Success**
   5. **QM report/MDS Schedule**
      1. **A/P Measures**
      2. **MDS Schedule**
      3. **Behavior affecting others**
      4. **Depression**
   6. **Residents with Dementia**
2. **Follow up from last week**
3. **Develop new individualized plans**
   1. **Use the Patient Health Questionnaire (PHQ-9) from the RAI manual for each new resident or resident with behavioral changes or mood concerns**
   2. **Talk about residents identified for discussion this week --what do we know about them? What can we build on? How do we need to support their well- being?**
   3. **Use the Behavioral & Emotional Status and the Dementia Care Critical Element Pathways and the Surveyor Questions for Residents on A/P use**
   4. **Review chart documentation during meeting**
   5. **Document new interventions, progress, concerns, action plans during meeting.**
4. **Post meeting assignments**
   1. **Determine What Needs to be Done**
   2. **Who Will Do It**
   3. **How will communication be given to staff**

**Reports**

1. **Daily Well-Being Standup report to team**
2. **Weekly team meeting report**
3. **Monthly report to Quality Partners by 15th of the month.**

**Communication**

1. **MD, APN, PSYCH Professionals, Pharmacist**
   1. **Inform of new team goals and plan; increased staff education; new tools (SBAR & PITTTS); approaches to manage those living with dementia**
2. **Facility team**
   1. **Everyone understands the intention and purpose of WHY we do what we do**
3. **Residents, Family** 
   1. **Resident I-page; Share the Mission of your team**

**Monitor**

1. **Review the overall plan with team**
2. **Evaluate data**
3. **Evaluate systemic changes**
4. **Make changes as needed**
5. **Post and share the slightest positive impact**

**Tools for Success**

1. **Resident I-page**
2. **Domains of Well-Being**
3. **PITTTTS**
4. **S-Bar Communication tool**
5. **Daily Stand up reporting tool**
6. **Monthly report tool to Arkansas Quality Partners**
7. **Surveyor Questions for Antipsychotics**
8. **Behavioral & Emotional Status Critical Element Pathway**
9. **Dementia Care Critical Pathway**

**Best Practice Suggestion:**

**Create a LTC Champion Binder, Tabbed with the following:**

1. **QM Reports - Print Monthly:** 
   1. **List of Residents / Diagnosis /Antipsychotic**
2. **LTC Champion Daily Report**
3. **LTC Champion Monthly**
   1. **Reporting Tool**
4. **In-services**
   1. **Copy of presentation**
   2. **Employee sign in sheet for tracking # trained**
5. **LTC Champion Tools (listed above)**
6. **Dementia Care in LTC Handouts & LTC Champion PP**

**CELEBRATE ALL WINS - NO MATTER HOW BIG OR SMALL**