 **Long Term Care Champion - Monthly Reporting Tool**

**Please email this report to the AR Quality Partners (AQP) by the 15th of each month.**

[**qualitypartners@arhealthcare.com**](mailto:qualitypartners@arhealthcare.com) **or Fax to 501-374-1077**

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| **GENERAL INFORMATION** | | | |
| **TODAY’S DATE** | **NURSING HOME NAME** | **REPORT PREPARED BY:**  **PRINT NAME & EMAIL CONTACT** | **ARE YOU THE CHAMPION FOR THE HOME?**  **GIVE CHAMPION NAME IF NOT** |
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| **ANTIPSYCHOTIC MEDICATIONS / DIAGNOSIS / GRADUAL DOSE REDUCTIONS (GDR) / DISCONTINUED USE OF ANTIPSYCHOTIC MEDICATIONS** | | | | | | |
| **TODAY’S CENSUS** | **NUMBER OF RESIDENTS RECEIVING AN ANTIPSYCHOTIC MEDICATION** | **OF THOSE RESIDENTS, NUMBER WITH A DIAGNOSIS OF TOURETTE’S, SCHIZOPHRENIA, OR HUNTINGTON’S** | **NUMBER OF RESIDENTS WHOSE ANTIPSYCHOTIC MEDICATION WAS DISCONTINUED IN THE**  **PAST 30 DAYS** | **NUMBER OF RESIDENTS WITH DIAGNOSIS OF DEMENTIA AND ARE RECEIVING AN ANTIPSYCHOTIC** | **NUMBER OF RESIDENTS WITH DIAGNOSIS OF DEMENTIA THAT ARE NOT RECEIVING AN ANTIPSYCHOTIC** | **GDR MONTHLY REMINDER:**  **REVIEW GDR SCHEDULE AND SUPPORTING DOCUMENTATION (NURSES NOTES) OF RESIDENTS ON GDR FOR ANTIPSYCHOTIC MEDICATIONS.** |
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| **STAFF EDUCATION / WINS / COMMENTS** | | |
| **NUMBER OF TEAM MEMBERS TRAINED ON THE *WELL-BEING MODEL* IN THE PAST 30 DAYS** | **TOTAL NUMBER OF TEAM MEMBERS TRAINED ON THE WELL-BEING MODEL AS OF TODAY** | **SHARE A WIN THAT YOU HAVE CELEBRATED IN THE PAST 30 DAYS**  **(use additional page if needed – include NH name)** |
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