R³ Report | Requirement, Rationale, Reference

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Memory care accreditation requirements for nursing care centers

Requirements

The aim of the new memory care requirements for nursing care centers, which focus on the care of residents with memory-impacting conditions such as Alzheimer's disease or dementia, is to enable them 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.

Note: For organizations seeking distinction for the provision of quality care and services unique to persons with dementia and memory impairment, The Joint Commission offers a specialty Memory Care Certification option. There are additional standards, beyond the accreditation requirements referred to in this R³ Report, *that organizations must meet in order to achieve this specialty certification. To be eligible for the optional certification, organizations must be accredited (or simultaneously seeking accreditation) under the Nursing Care Center program.*

Rationale

Although it is common in very elderly individuals, dementia is not a normal part of the aging process.[2] However, evidence-based research shows that 68 percent of residents in nursing homes have some degree of cognitive impairment. Of that 68 percent, 27 percent have mild cognitive impairment, and 41 percent have moderate to severe cognitive impairment.[2] These statistics, along with other research findings, became an impetus for The Joint Commission to develop new memory care requirements for all organizations accredited under the Nursing Care Center accreditation program.

In addition to the prevalence of cognitive impairment among residents in nursing homes, research also shows high rates of antipsychotic medication use in nursing home residents. Much of the use is with residents with a diagnosis of dementia. According to a 2010 CMS Quality Measure/Quality Indicator report,[7] 39 percent of nursing home residents nationwide who had cognitive impairment and behavioral issues, who were also without a diagnosis of psychosis or related conditions, received antipsychotic medications. In another study, 17 percent had daily doses of antipsychotic medications exceeding recommended levels; and 18 percent had both inappropriate indications and high dosing.[7] The likelihood of a resident receiving an antipsychotic medication was found to be related to the facility-level antipsychotic prescribing rate, even after adjustment for clinical and socio-demographic characteristics.[7]

Despite the fact that many nursing homes in the United States provide good care to frail and vulnerable elders, almost every day incidents of abuse and neglect of nursing home residents are reported in the nation's newspapers.[28] Research shows that dementia and disruptive behaviors may increase a resident's risk of mistreatment.[28] It is also known from research that the chance of abuse or neglect is more likely in a nursing home with a high percentage of residents with dementia, a low staff-to-resident ratio, and poorly trained staff.[28]

The new memory care accreditation requirements align with some common goals identified in the evidence-based research.[20] One goal is to ensure that staff provide person-centered dementia care based on thorough knowledge of residents and their abilities and needs. Another goal is to help staff and available family act as "care partners" with residents, by working with residents to achieve optimal resident functioning and a high quality of life. Finally, there is the goal of having staff use a flexible, problem-solving approach to care designed to prevent problems before they occur by shifting care strategies to meet the changing conditions of people with dementia.[20]

References

Engagement with stakeholders, customers, and experts

The Joint Commission reviews proposed requirements with expert national advisory committees. Additional research included the following:

- Conference calls with a variety of experts in dementia care, representing a broad range of stakeholders and disciplines, including researchers, educators, clinicians working in psychiatry, social work, occupational therapy, nursing, architecture (specializing in physical environments for persons with dementia), and a consumer of memory care services
- Collaborative discussions and meetings with the national Alzheimer's Association
- Learning visits with nursing homes providing dementia care in both specialized distinct memory care units and in the general nursing home setting
- Formal, national field review of the proposed standards
- Pilot tests at accredited nursing care centers to help inform survey process enhancements

The following key concepts were identified through collaboration with stakeholders, customers, and experts, and through literature review. These concepts provided the foundation for the development of the new requirements:

- *Care coordination*: Staff collaboratively assess, plan, and provide care that is consistent with current advances in dementia care practices.
- *Staff knowledge and competency*: Staff have the qualifications, skills, training, and education to assess and provide care for a resident population with memory impairment.
- *Activity programming based on abilities*: Staff provide activities that match the resident's cognitive ability, memory, attention span, language, reasoning ability, and physical function.
- *Behavior management*: Non-pharmacological interventions are used as an alternative to antipsychotic medication use.
- *Safe and supportive physical environment*: The organization modifies the physical environment to promote safety and minimize confusion and overstimulation.

Level of evidence

For these requirements, The Joint Commission gathered information from peer-reviewed literature and law and regulation; there is no grading of the level of evidence.

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