

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: DECISION-MAKING: RESIDENT CARE

Δ NFMH'S

DOCUMENT REVIEW

Instructions: Review the training outline used by the home for Risk training and answer the questions below.

| | Questions | YES | NO |
|----------|---|------------|-----------|
| 1 | Does the training outline include discussion on the need to evaluate the severity to risk to self and others? | | |
| 2 | Does the training outline address the need to discuss alternatives to mitigate risk with residents? | | |
| 3 | Does the training outline cover how to document these situations? | | |
| 4 | Does the training outline discuss how to Care Plan Risky decisions the resident may make? | | |

Instructions: Review attendance records for the Risk trainings done in the past PEAK year and answer the question below.

| | Question | YES | NO |
|----------|---|------------|-----------|
| 1 | Does the home have evidence that 90% of staff have completed the Risk training in past PEAK year? <i>(To calculate the %, divide the number of staff who have receive training by the total numbers of team members who are scheduled to work every week, either full or part-time. Seasonal or PRN staff do NOT need to be included.)</i> | | |

Instructions: Review a few sample care plans and answer the question below.

| | Question | YES | NO |
|----------|---|------------|-----------|
| 1 | Do Care Plans address risky decisions and offer strategies/approaches for staff to use to mitigate risk while supporting resident choice? | | |

Discuss the findings of the audit as a team. Any “No” response *could* indicate an area of concern during your evaluation. Review the criteria for this core and discuss your current practices to see if they meet the criteria for this core. If not, discuss changes that may need to be made.

PEAK 2.0 EVALUATION PREPARATION AUDIT | CORE: DECISION-MAKING: RESIDENT CARE

Δ NFMH'S

TEAM INTERVIEW

Instructions: Gather team members from different areas of the organization to discuss the following questions. Be sure to include direct caregivers in this discussion. **Any “No” response *could* indicate an area of concern during your evaluation. Review the criteria for this core and discuss your current practices to see if they meet the criteria for this core. If not, discuss changes that may need to be made.**

| Replacement Supporting Practice for Δ NFMH's- Shared Understanding | | | |
|---|--|------------|-----------|
| | Question | YES | NO |
| 1 | Does the home have a formal process in place to evaluate, address and plan responses to risky decisions made by residents? | | |
| 2 | Does the home provide training on this formal process to all team members? | | |
| 3 | Do person-centered care plans address risky decisions? | | |
| 4 | Are care plans reviewed regularly and issues revisited on an on-going basis? | | |

| Supporting Practice #2- Access to Information and Resources | | | |
|--|---|------------|-----------|
| | Question | YES | NO |
| 1 | Is there a system in place for direct caregivers to access information about special health needs of each resident in their work area? | | |
| 2 | Do direct care staff have access to contact information for resident loved ones? | | |
| 3 | Are direct caregivers empowered to make independent contact with loved ones as directed by residents? | | |
| 4 | Is transportation readily available for direct caregivers to support resident requests including during evening hours and weekends? | | |
| 5 | Is a system in place to empower direct care staff to assist residents with access to their spending money accounts when administrative staff are out of the building? | | |