

**CARING FOR RESIDENTS WITH CHALLENGING BEHAVIORS**  
**“Care and Case Discussion Committee” Meeting Minutes**  
**Rocky Hill Marriott**  
**February 25, 2004 9am – 12noon**

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**Committee Members Present:**

Teresa Cusano, CT OMB, facilitator  
Valerie Bryan, CT DPH  
Michael Michalski, Reg Omb  
Laurel Woods, MedOptions  
Lynne MacLean, Apple Health Care  
Nancy March, IOL  
Bob Burke, Athena Health Care, Recorder

**Discussion:**

The Care and Case Committee initial discussions focused on the following topics:

- There is an evident need within nursing home settings that staff and supervisors within facilities need training in the identification of specific target behaviors in documenting an Inter-Agency Referral Report (W-10) when preparing for the transfer of a resident to an acute care setting. It was the impressions of the committee that too often residents in need of an emergency psychiatric evaluation are sent with accompanying documents that lack adequate descriptions of the presenting symptoms, which the receiving setting would need in order to adequately assess and stabilize the patient. (This point was later reiterated by the Training Committee which they had included in their recommendations)
- There is presently evidence that nursing home facilities and the acute care settings that they utilize for emergency evaluation of aggressive or potentially harmful resident behaviors do not have mutual respect and understanding for the resources and capabilities available or lacking in their respective organizations. It was the impression of the committee that if Nursing Home and Hospital Administrators were to develop inter-agency relationships and dialogue prior to problem or crisis development, the nursing home residents needing access to thorough and comprehensive assessments of acute conditions would receive such without the potential trauma of possibly unnecessary inter-agency transport.
- It was the impressions of the committee that “Best Practice” Standards must be developed which could assist in the assessment and treatment of challenging behaviors presented by nursing home residents in order to reduce the potential for any unnecessary emergency transport of a resident. The committee suggests the development of a clinical assessment “checklist” for licensed nursing home staff to utilize in their screening of whether an immediate emergency evaluation would be necessary for the resident.
- It was the impression of the committee that there is evidence that available resources (community and facility based) are not always being utilized for consultation or guidance in conditions in which residents are being transported for emergency evaluations. Examples discussed included:
  - facility based social workers (some of whom are Licensed Clinical Social Workers) who are required by OBRA regulations to respond to psychosocial conditions, and
  - DMHAS LMHA Mobile Crisis Assessment Teams for facilities that may not have 24 hour contracted psychiatric consultation available.

## **Recommendations:**

The Care and Case Discussion Committee has made the following recommendations for future work and development by the Committee:

1. A forum or process must be developed for the sharing of Regulations, Statutes, and Standards between the different agencies and settings that must assess and treat challenging behaviors that may be presented by nursing home residents. Practitioners in hospital or nursing home settings should become familiar with the capabilities or restrictions affecting each others services, as this might serve as a guide in their development of aftercare recommendations.
2. The Committee shall endeavor to access all applicable Statutes and Regulations of hospitals (general and psychiatric) and nursing homes, in order to prevent contradicting or conflicting with existing standards in the development and proposal of “Best Practice” Standards.
3. On-site evaluations should be conducted by nursing home clinical representatives when individuals whose conditions include evidence of challenging behaviors are awaiting admission or re-admission to nursing homes. It is recommended that this be included in “Best Practice” Standards, not only to prevent inappropriate nursing home placement, but also to ensure that the necessary resources are in place at the nursing home to meet the individuals needs.
4. Practitioners in the acute care settings should share with colleagues in the nursing home settings some of the assessment tools that are presently used in acute psychiatric care, in order for nursing home professionals to maximize their crisis assessment capabilities.
5. In cases in which there is conflicting perceptions between hospital staff and nursing home staff as to the patient/resident’s clinical condition, treatment and disposition needs, the nursing home Medical Director shall collaborate with the hospital physician in order to determine the optimal clinical methodology and disposition recommended for the individual patient/resident.
6. Training of Hospital Psychiatric and ED Staff regarding Nursing Home Residents Rights should be provided for clarification of a nursing home’s limitations regarding behavioral management and medication administration, which are sometimes included in hospital aftercare recommendations, but not able to be carried out by nursing home caregivers.
7. A “Best Practice” checklist will be developed by which nursing home licensed staff will be able to more comprehensively assess a resident’s presenting symptoms in order to ascertain whether or not the presenting symptom requires immediate and/or emergent psychiatric evaluation.
8. A letter to the Commissioner of the CT Dept of Mental Health and Addiction Services will be sent by the CT LTCOP to ascertain which LMHAs throughout the state have Mobile Crisis Intervention Services which may be referred to by facilities that are without contracted psychiatric consultation services available.

The “Care and Case Discussion” Committee’s next meeting has been scheduled for Friday March 19<sup>th</sup> from 9a – 12noon at the Institute of Living (Donnelly Bldg).

The next “Caring for Residents with Challenging Behaviors” Work Group Meeting has been scheduled for Friday April 30<sup>th</sup> from 9a – 12 noon at the offices of Hartford Legal Assistance /Asylum Ave.

Respectfully Submitted,  
Robert Burke, LCSW