



Sandra Stimson

# ALTERNATIVE SOLUTIONS

By Sandra Stimson ADC, CALA, CDP Executive Director,  
[Alternative Solutions in Long Term Care](#)



## Dementia Units and the Importance of Admission and Discharge Criteria Agreements

Fifteen years ago, dementia units were almost unheard of. Now more and more nursing homes and assisted living facilities are offering secure units to keep their wandering residents safe. Many of the secure units offer specialized dementia activities, individualized meal options and trained staff in the area of dementia care. One problem that dementia units are having is discharging residents from the unit to another more appropriate unit, once the resident has declined and no longer benefits from the unit. Frequently, family members are refusing to move their loved one. Not only is the resident not appropriate for that unit, the slot is not utilized by a resident who could benefit from the dementia program.

The family member must understand the admission and discharge criteria agreement and sign it at the time of admission. Family members must clearly know in advance and understand at what point their loved one will be transferred to the step down unit.

The admission / discharge criteria cannot be vague and open to interpretation. It must clearly state the criteria for admission on to the unit. Such as: ambulatory, able to participate in daily activities, able to participate in their ADL's, not be violent to themselves or others, able to feed themselves and have a diagnosis of dementia. In addition, it should also state that they score lower than a 6 (3-5) on the testing forms you are using, such as Global Deterioration Scale, Brief Cognitive Rating Scale, Functional Assessment Testing, Geriatric Depression Scale, etc. The Mini Mental Test should not be the only test conducted for Dementia residents.

These tests should be conducted as a baseline upon entering the facility and then at minimum on an annual basis. This will give a baseline and track decline. The test should be administered in a quiet place, allowing an adequate environment and enough time for the resident to respond. Staff should be trained to administer the test and utilize only the explanations accompanying the test to score the results. It is recommended that only the staff psychiatrist provide this test, as the answers residents give can be very subjective. Not everyone performs well when being tested. The resident may not be in the mood, tired, sick and a host of other reasons that could affect their score. The test scores would also be used as part of criteria for admission and discharge. The test should not be the only criteria for admission or discharge. It is a part of the whole picture to determine your criteria for admission and or discharge.

On the flip side, the discharge criteria agreement also needs to spell out clearly the criteria for discharge from the unit. The criteria should include at minimum, the resident is: unable to participate in activities, unable to feed himself, requires total care, be at risk to harm themselves or others, etc. The discharge determination must involve the team and the family or responsible party.

The team will gather all the facts and in a team meeting discuss the possibility of discharge. Families must be kept in the loop each time the resident has a change or declines. The family member or responsible party must be told in advance that the change in condition is leaning towards discharge because the resident is no longer benefiting from the services provided on the dementia unit. At each meeting review the discharge criteria with the family member.

These meetings must clearly be documented in your care meeting notes and family member or responsible party should be signing the care plan note.

Facilities that do not have admission / discharge criteria agreements with families / responsible party face problems when it is time to discharge. Families may refuse to move their loved ones to another unit. Some are in denial and don't want to face that their loved one has declined. But most families are refusing to move because they were never told that they would have to transfer when the loved one declined or they did not understand the criteria. The facility may have a discharge policy and the policy is so vague that it makes it hard to determine when to discharge. If families clearly understand the discharge criteria and are kept in the loop as the resident's condition changes, they may not be happy about moving their loved one but at least it should not be a shock or surprise when the time comes to discharge. The other reason making it difficult to transfer, is that the facility is not following their own discharge criteria. They are not consistent. Every resident who no longer fits your criteria has to be moved. Families will not move their loved one if they see other residents who have not been moved off the unit.

Additionally, the staff that work on the unit need to be educated about the discharge criteria. The staff become attached to the dementia resident and may not want to discharge a resident to another unit. They can sabotage management's efforts to discharge by reporting to the family members their personal feelings about discharge.

Prior to admission, the facility should be interviewing family and resident for suitability for the unit, review medical records and medications to determine if the resident is appropriate, complete preadmission screening (cognitive and function tests, physical exam, blood work (Metabolic Screen), Thyroid test, B12 and test for Syphilis, as well as a psychiatric evaluation and neurology evaluation. The Admission team should also complete a wandering assessment form. The form would include information about places a resident may have wandered to in the past, triggers for wandering, description of the resident, words he may answer to, etc. Finally, explore resident's use of common words and their meanings, so that staff may anticipate his needs. For example, a repetitive word used by a resident may be, "TA TA", which to this

## ABOUT SANDRA

Sandra Stimson has experience as a corporate consultant, Corporate Trainer and National Speaker. Her experience is in long term care, as Activity Director, Director of Alzheimer's Units and Assistant Administrator of a 550 bed long term care county home. She is Co-founder of Pet Express Pet Therapy Club, is a Life Replay Specialist. Sandra implements dementia units nationwide. Sandra has written several books, Volunteer Management Essentials for Long Term Care and Pet Express Pet Therapy Program. Sandra has been a facilitator for Alzheimer's support groups and is the Awards Chair for the NJ Association of Activity Professionals. Sandra is the Executive Director of **National Council of Certified Dementia Practitioners**  
<http://www.nccdp.org>

[Alternative Solutions in Long Term Care](#) offers resources for health care professionals in many areas of dementia care, care plans, Snoezelen products, dementia activity calendars, adult day care calendars, sensory calendars, reminisce videos for dementia, activity books, and dates to remember, party supplies, resources and links.

**SUBSCRIBE TO  
 ACTIVITY DIRECTOR  
 TODAY E-MAGAZINE  
 JUST \$24 PER YEAR  
 (That's only  
 \$2 per issue)**

**FREE  
 SAMPLE**  
 (Click on  
 illustration)



Order by  
 Credit Card  
 (click here)

Order by  
 Check or  
 Money Order  
 (click here)



The Activity Director Community is a gathering place for LTC Activity Professionals. Feel free to express yourself and respond to submissions from other AD's. This is an important community and you need to be part of it. Membership is FREE so [Join Today](#).

This site is moderated by Robert & Linda Lucas, Owners of The Activity Director website.



Each Norman Rockwell print is paired with a national standards of Resident Rights and is illustrated by a picture depicting the "Resident Right."

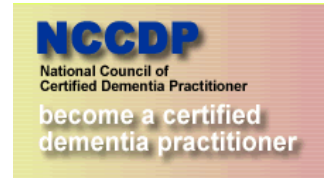
[click here to purchase resident rights prints](#)

resident may mean, "toilet". All of this combined would determine eligibility to the dementia unit as well as a truly comprehensive assessment.

When facilities do not follow their discharge criteria they then encounter all kinds of problems. Families will refuse to move their loved ones because they see other residents who may be more debilitated than their family member who have not moved from the unit. They may refuse to move their loved one based on "resident rights".

When you are unsuccessful in moving clients, your resident demographics will soon look like all the other units. Everyone is now low functioning! Now your premier unit is no longer unique or more special than any of your other units. This will affect your future admissions. Prospective resident families who are touring do not see higher functioning residents. The hardest part of running a successful unit is discharging. Other departments are competing for the same beds on other units, such as new admissions, rehab residents who now qualify for long term care placement, room changes and dementia residents moving off the unit. It's a challenge for all facilities. If you follow your admission / discharge criteria you will have a smoother transition when the time comes for discharge. Every department knows in advance that there is a transfer pending from the dementia unit.

Facilities have put a lot of time and energy to develop premier units that offer extra services, but facilities need to give a reason for family members to cooperate. The units that their loved ones are transferring to must be just as beautiful and home like. Recreation departments must be offering activities that fit the needs of the lower functioning populations, such as sensory rooms, music program, pet therapy, aviaries, activity pillow/aprons, mobiles over beds, aroma therapy, touch therapy, doll therapy, etc. As long as families see that even though their loved one is moving to another unit, they will be offered the same amount of services that your premier unit provides, they will be more apt to move. Your dementia unit offers special services that will benefit the dementia client and your step down units should also provide palliative nursing and sensory activities to fit their current function levels. - END



**THE ACTIVITY DIRECTOR**  
*for Activity Professionals  
in Long Term Care Settings*  
[admin@theactivitydirectorsoffice.com](mailto:admin@theactivitydirectorsoffice.com)

**Copyright 2004-Present**

**The Activity Director's Office  
All Rights Reserved**

[Disclaimer](#)