

### **Competencies Necessary for Nurses to Provide High-Quality Care to Older Adults in ALRs**

1. Recognize one's own and others' attitudes, values, and expectations about aging and their impact on care of older adults and their families.
2. Adopt the concept of individualized (person-centered and directed) care as the standard of practice with older adults.
3. Communicate effectively, respectfully, ethically, and compassionately.
4. Recognize that sensation and perception in older adults are mediated by functional, physical, cognitive, psychological, and social changes common in old age.
5. Incorporate into daily practice valid and reliable tools to assess the functional, physical, cognitive, psychological, social, and spiritual status of older adults.
6. Prevent or reduce common risk factors that contribute to functional decline, impaired quality of life, and excess disability in older adults.
7. Recognize and report elder mistreatment.
8. Recognize and manage geriatric syndromes common to older adults.
9. Recognize the complex interaction of acute and chronic co-morbid conditions and the altered presentation of illness common to older adults.
10. Use technology to enhance older adults' function, independence, and safety.
11. Facilitate communication and appropriate information transfer between the assisted living residence, other health care settings, and the older adult's private residence.
12. Assist older adults, families, and caregivers to understand and balance autonomous decision making and safety interests in everyday activities of life of the older adult and to advance quality of life.
13. Apply ethical principles in practice.
14. Appreciate the influence of culture, attitude, role, language, race, religion, gender, and lifestyle in the provision of care to older adults.
15. Evaluate the influence of payer systems on access to health care.
16. Recognize the benefits, and utilize the expertise of, the interdisciplinary team.
17. Evaluate the utility of complementary and integrative health care practices on health promotion and symptom management for older adults.
18. Facilitate older adults' active participation in all aspects of their own health care.
19. Involve, educate, and supervise assistive staff (ands family/friends, as appropriate) in implementing best practices for older adults.
20. Promote older adults' right to quality care at the end of life.

Adapted from: *OLDER ADULTS: Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care*. American Assn of Colleges of Nursing and the John A Hartford Foundation Institute for Geriatric Nursing. July 2000.

# **ASSISTED LIVING NURSE COMPETENCIES**

## **Registered Nurse**

### **CONTINUUM OF LTC/ASSISTED LIVING**

1. Describe the philosophy of AL.
2. Describe the service or program characteristics of AL *that differentiate* AL from a nursing home, skilled nursing or independent living environment, per the regulations in your state
3. Describe the in-house services and/or transfer arrangements available in the event of:
  - a. resident accident
  - b. change in condition
  - c. significant/critical illness post hospital care
  - d. end-of-life care
4. Describe the allowed use of Advance Directives in the state, including community-based DNRs, prescribed location of same, and the role of surrogate decision makers.

### **CLINICAL: ASSESSMENT**

1. Accurately conduct and analyze physical and mental assessment data, including but not limited to:
  - a. ADL measure (e.g., Katz)
  - b. IADL measure (e.g., Lawton)
  - c. Mental status examination measure (e.g., MMSE)
  - d. Depression measure
  - e. Falls-at-risk measure
  - f. Weight monitoring
  - g. Self-medication ability
  - h. Decision-making capacity
  - i. Pain assessment
2. Describe admission, retention, and discharge criteria
3. Identify abnormal lab data and reporting procedures for abnormal results
4. Identify potential adverse effects of certain classes of medication, such as:
  - a. Cardiac and respiratory meds
  - b. Anticoagulants
  - c. Psychotropics, including anxiolytics
  - d. Sleeping aids
  - e. NSAIDS, opioid, and other pain management interventions
  - f. OTCs that are managed by the individual resident
  - g. Commonly used herbal remedies
  - h. Likelihood of polypharmacy associated with resident having several medical providers (e.g., ophthalmic, cardiac, rheumatologist, etc.)

5. Demonstrate knowledge of key geriatric syndromes – signs and symptoms - as well as onset of acute illness such as: cardio-respiratory, infection, peripheral vascular disease exacerbation, diabetic instability, delirium.
6. Verbalize the relationship with and/or expectations of a hospice provider to a resident receiving end-of-life care in the residence, including the clarifications of roles and responsibilities

## **CLINICAL: PLANNING**

1. Develop a plan of care that reflects *strengths as well as areas of risk* (and the signs and symptoms to look for) for the resident (goals are not required or encouraged in WA state – the plan of care/negotiated service agreement is designed to create a “picture” of the resident in order to customize care. I am not sure of other states)
2. Provide evidence of a plan of care review and update, frequency as determined by state licensing requirements, primary provider, AL nurse and other clinicians, resident/family, and others, as relevant.
3. Demonstrate appropriate documentation per state regulations

## **DEMENTIA CARE**

1. Identify the unique care requirements of persons with dementia, including
  - a. Alzheimer’s Disease
  - b. Multi-infarct/vascular dementia
  - c. Parkinson’s related dementia
  - d. Lewy Body disease
  - e. Transient dementia
2. Describe delirium and contrast to dementia.
  - a. Identify appropriate nursing actions to assist with an appropriate diagnosis and subsequent interventions
3. Demonstrate a knowledge of appropriate programming interventions for persons with dementia
4. Identify nursing actions for dementia related complications including swallowing problems, incontinence, risk for dehydration
5. Describe nursing actions essential to working with psychotropic medications including
  - a. Monitoring for unwanted effects
  - b. Avoiding inappropriate use/non-medication interventions
6. Demonstrate knowledge of dementia-appropriate interventions for special care issues including
  - a. Sundowning
  - b. Agitation
  - c. Aggression
  - d. Exit Seeking
  - e. Impaired communication

- f. Isolation
- g. Inappropriate sexual behaviors

## **MANAGERIAL**

1. Direct, supervise and monitor unlicensed staff with regard to:
  - a. Medication administration and assistance
  - b. Personal care assistance
  - c. Meal assistance
  - d. Unskilled treatment assistance
2. Documentation of staff performance using a valid/reliable measure (i.e., one promulgated by the professional organization).
3. Describe the criteria that would be associated with a disciplinary report or action.
4. Describe the steps in delegation, per state regulations and nurse practice act and what may or may not be delegated to unlicensed staff.
5. Describe the medication management system in the residence, approved by state regulations, that includes
  - a. Telephone orders: renewal, new
  - b. Fax orders
  - c. STAT orders
  - d. Change of dose, etc
  - e. Pharmacy provider communication and oversight (if any)
6. Describe the primary provider notification system in the event of resident change of condition.
7. Describe the family notification system in the event of resident change of condition.
8. Identify the information required by a hospital or nursing home to which a resident might be transferred.
9. Describe basic conflict resolution skills to manage disputes between residents, between staff and resident, and between staff.
10. Demonstrate the ability to understand and use a budget, including spend down reports
- 11.** Describe the process for vendor selection, including selecting and building a working relationship.
12. Describe the kind of information necessary to construct an accident/incident report related to physical injury or event (e.g., fall without evidence of bruise), medication error, resident-resident altercation, etc.

## **PROFESSIONAL NURSING**

1. Describe the collegial relationship of the AL nurse to physician, social worker, residence owner/administrator, etc.
2. Provide evidence of annual CEU courses taken or other formal learning initiatives, per state regulations
3. Maintain membership in a professional nursing organization.
4. Provide evidence of the receipt of or access to professional nursing journals.
5. Identify professional learning needs; assess competencies.

# **ASSISTED LIVING NURSE COMPETENCIES**

## **Licensed Practical Nurse**

### **CONTINUUM OF LTC/ASSISTED LIVING**

5. Describe the philosophy of AL.
6. Describe the service or program characteristics of AL *that differentiate* AL from a nursing home, skilled nursing or independent living environment, per the regulations in your state
7. Understand/describe the in-house services and/or transfer arrangements available in the event of:
  - a. resident accident
  - b. change in condition
  - c. significant/critical illness post hospital care
  - d. end-of-life care
8. Understand/describe the allowed use of Advance Directives in the state, including community-based DNRs, prescribed location of same, and the role of surrogate decision makers.

### **CLINICAL: ASSESSMENT**

7. Contribute to the assessment of the resident by the use of resident data, including but not limited to:
  - a. ADL measure (e.g., Katz)
  - b. IADL measure (e.g., Lawton)
  - c. Mental status examination measure (e.g., MMSE)
  - d. Depression measure
  - e. Falls-at-risk measure
  - f. Weight monitoring
  - g. Self-medication ability
  - h. Decision-making capacity
  - i. Pain assessment
8. Describe admission, retention, and discharge criteria
9. Participate in the identification of abnormal lab data and reporting procedures for abnormal results
10. Understand the potential adverse effects of certain classes of medication, such as:
  - a. Cardiac and respiratory meds
  - b. Anticoagulants
  - c. Psychotropics, including anxiolytics
  - d. Sleeping aids
  - e. NSAIDS, opioid, and other pain management interventions
  - f. OTCs that are managed by the individual resident
  - g. Commonly used herbal remedies

- h. Likelihood of polypharmacy associated with resident having several medical providers (e.g., ophthalmic, cardiac, rheumatologist, etc.)
- 11. Knowledge of key geriatric syndromes – signs and symptoms - as well as onset of acute illness such as: cardio-respiratory, infection, peripheral vascular disease exacerbation, diabetic instability, delirium.
- 12. Maintain a working relationship with a hospice provider to a resident receiving end-of-life care in the residence, including the clarifications of roles and responsibilities

## **CLINICAL: PLANNING**

- 4. Participate in the plan of care that reflects *strengths as well as areas of risk* (and the signs and symptoms to look for) for the resident. The plan of care must have measurable goals.
- 5. Maintain evidence of a plan of care review and update, frequency as determined by state licensing requirements, primary provider, AL nurse and other clinicians, resident/family, and others, as relevant.
- 6. Appropriate documentation per state regulations

## **DEMENTIA CARE**

- 7. Understand the unique care requirements of persons with dementia, including
  - a. Alzheimer’s Disease
  - b. Multi-infarct dementia
  - c. Parkinson’s related dementia
  - d. Lewey Body disease
  - e. Transient dementia
- 8. Describe delirium and contrast to dementia.
  - a. Identify appropriate nursing actions to assist with an appropriate diagnosis and subsequent interventions as appropriate to the scope of practice for a licensed practical nurse
- 9. Demonstrate a knowledge of appropriate programming interventions for persons with dementia
- 10. Contribute to identifying nursing actions for dementia related complications and risk factors such as weight loss, swallowing problems, incontinence, risk for dehydration
- 11. Describe nursing actions essential to working with psychotropic medications including
  - a. Participating in observing for unwanted effects
  - b. Identifying nonmedication related interventions
- 12. Knowledge of dementia appropriate interventions for special care issues such as
  - a. Sundowning
  - b. Agitation
  - c. Aggression
  - d. Exit Seeking

- e. Impaired communication
- f. Isolation
- g. Inappropriate sexual behaviors

## **MANAGERIAL**

13. Monitor unlicensed staff with regard to:
  - a. Medication administration and assistance
  - b. Personal care assistance
  - c. Meal assistance
  - d. Unskilled treatment assistance
14. Documentation of staff performance using a valid/reliable measure (i.e., one promulgated by the professional organization).
15. Describe the criteria that would be associated with a disciplinary report or action.
16. Describe/understand the medication management system in the residence, approved by state regulations, that includes
  - a. Telephone orders: renewal, new
  - b. Fax orders
  - c. STAT orders
  - d. Change of dose, etc
  - e. Pharmacy provider communication and oversight (if any)
17. Describe/understand the primary provider notification system in the event of resident change of condition.
18. Describe/understand the family notification system in the event of resident change of condition.
19. Identify the information required by a hospital or nursing home to which a resident might be transferred.
20. Describe basic conflict resolution skills to manage disputes between residents, between staff and resident, and between staff.
21. Demonstrate the ability to understand and use a budget, including spend down reports
22. Describe the process for vendor selection, including selecting and building a working relationship.
23. Describe the kind of information necessary to construct an accident/incident report related to physical injury or event (e.g., fall without evidence of bruise), medication error, resident-resident altercation, etc.

## **PROFESSIONAL NURSING**

6. Describe the collegial relationship of the licensed practical nurse to registered nurse to physician, social worker, residence owner/administrator, etc.
7. Provide evidence of annual CEU courses taken or other formal learning initiatives, per state regulations
8. Maintain membership in a professional nursing organization.
9. Provide evidence of the receipt of or access to professional nursing journals.
10. Identify professional learning needs; assess competencies.