

‘Hamburgers and Heroin’ -Drug Abuse in Nursing Homes



JPST

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Hamburgers and Heroin Presentation- An Overview

- How did we get here?
- Current stats and facts
- Applicable regulations
- Case Studies
- Question and Answer Session

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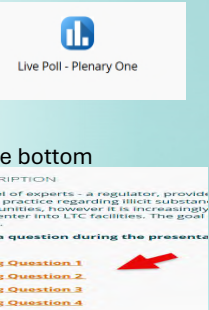
Audience Poll Question #1

Has your facility experienced residents who you knowingly/unknowingly use/used illicit drugs?

- No
- Yes

Polling questions are in the conference platform

- On main page click Live Poll-Plenary One Icon
- On the Agenda, click Plenary One- they are at the bottom

DESCRIPTION
A panel of experts - a regulator, provide facility practice regarding illicit substance communities, however it is increasingly users enter into LTC facilities. The goal events.

Have a question during the presentation

[Polling Question 1](#)
[Polling Question 2](#)
[Polling Question 3](#)
[Polling Question 4](#)

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Objectives

- A. Discuss how to care for this population of residents.
- B. Identify training needs for staff/residents who interact with this population.
- C. Discuss ways to prevent/minimize overdosing episodes.
- D. Review and discuss care-planning-
Emphasis on preventing/addressing overdosing episodes and other adverse events

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The Changing Face of Long-Term Care

- No longer the 70 something year old with Dementia and Emphysema.



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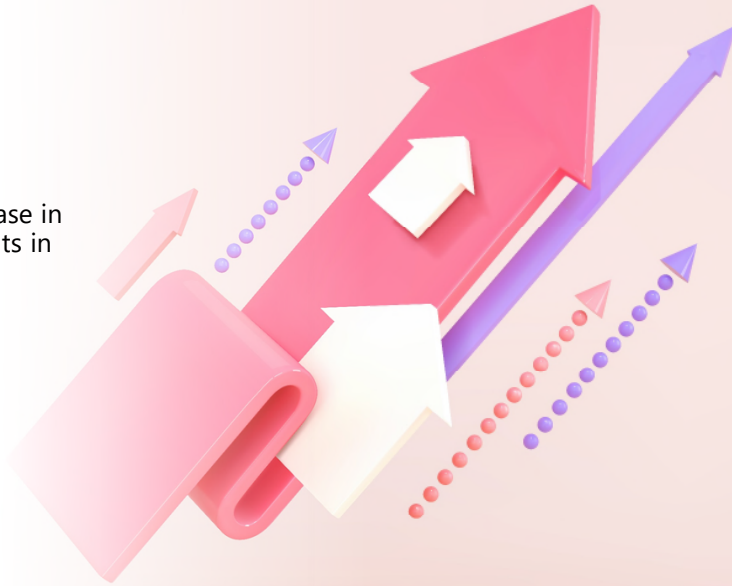
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Statistics

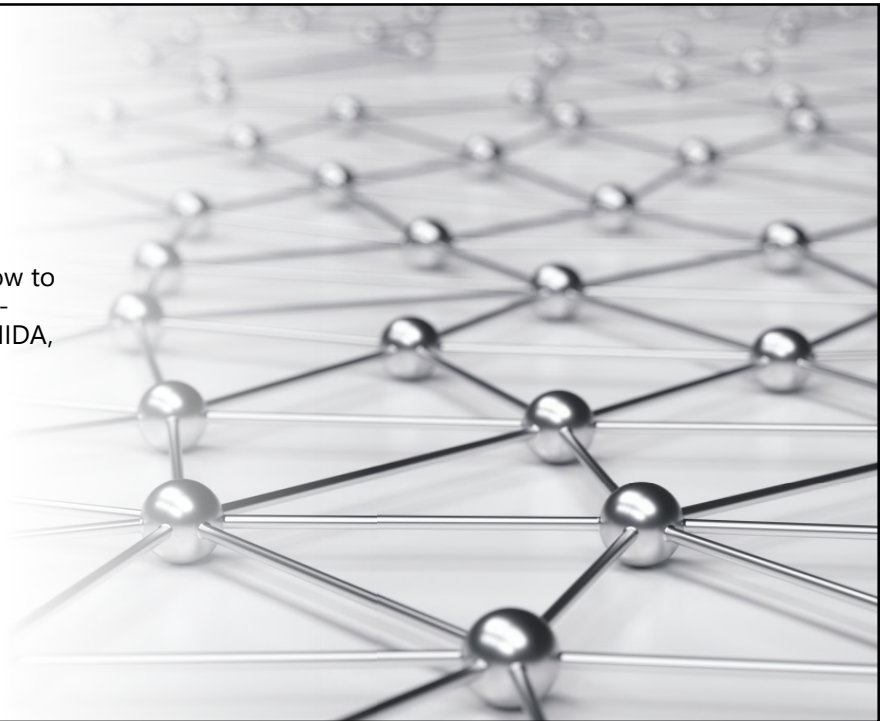
- There has been an increase in drug-dependent residents in LTC. (NIDA, 2020).




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Fact

- Limited resources on how to meet the needs of drug-dependent residents. (NIDA, 2020).
- Resources
 - Literature
 - Economic
 - Awareness ★



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Fact

- More science is needed regarding effective models for care with older adults with substance use disorders (NIDA, 2020).

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This population - Who are we speaking of?

Avoid Stigmatizing Language

The language we choose shapes the way we treat our patients ...	
Instead of:	You can say ...
"Drug abuse"	Substance use disorder
"Addict" or "Junkie"	Person with a substance use disorder
"Alcoholic"	Person with alcohol use disorder
"Dirty urine"	Abnormal, positive, or unexpected urine test result
"Clean urine"	Normal or negative urine test result
"Clean" (Referring to a person)	Abstinent, in remission, or in recovery
"Dirty" (Referring to a person)	In a period disease exacerbation or relapse
"Shooting up"	Injection
"Shooter"	Person who injects drugs
"Tweaker"	Person under the influence of methamphetamine
"Aggressive"	Person experiencing protective behaviors
"Delusional"	Person experiencing altered perception of reality

Source: Adapted from the Boston Medical Center [Grayken Center for Addiction, Reducing Stigma](#).

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Definitions

- F740
- *“Substance use disorder” is defined as recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment, such as health problems or disability (Adapted from: Substance Abuse and Mental Health Services Administration (SAMHSA) definition found at <http://www.samhsa.gov/disorders/substance-use>).*

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Definitions

- **F740**
- *“Adverse consequence” is a broad term referring to unwanted, uncomfortable, or dangerous effects that a drug may have, such as impairment or decline in an individual’s mental or physical condition or functional or psychosocial status. It may include various types of adverse drug reactions and interactions (e.g., medication-medication, medication-food, and medication-disease) (adapted from The Merck Manual Professional Version, <http://www.merckmanuals.com/professional/clinical-pharmacology/adverse-drug-reactions/adverse-drug-reactions>.)*
- **NOTE:** Adverse drug reaction

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Regulatory Requirements to Consider

- Residents diagnosed with substance use disorders
- History of drug use/alcohol use/alcohol misuse
- Currently using illicit drugs/alcohol
- Overuse/excessive use of prescription drugs
- *Regulatory requirements are not explicit regarding this issue*
- **Regulatory requirements do provide a framework regarding this issue**

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F561 Self-Determination

- “Points of Purpose”
 - §483.10(f) *Self-determination.*
 - *The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section.*
 - §483.10(f)(1) *The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.*
 - §483.10(f)(2) *The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.*
 - §483.10(f)(3) *The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.*
 - §483.10(f)(8) *The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.*

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F561 Intent

- “Point of Purpose”
 - **INTENT** §483.10(f)(1)-(3), (8)
 - *The intent of this requirement is to ensure that each resident has the opportunity to exercise his or her autonomy regarding those things that are important in his or her life. This includes the residents’ interests and preferences.*

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F563 – Right to Receive/Deny Visitors

- “Points of Purpose”
- *§483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident’s right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.*
- *(ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident’s right to deny or withdraw consent at any time;*
- *(iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident’s right to deny or withdraw consent at any time;*

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F572-Notice of Rights and Rules

- “Point of Purpose”
- *§483.10(g) Information and Communication.*
- *§483.10(g)(1) The resident has the right to be informed of his or her rights and of all rules and regulations (including facility policy) governing resident conduct and responsibilities during his or her stay in the facility.*
- *§483.10(g)(16) The facility must provide a notice of rights and services to the resident prior to or upon admission and during the resident’s stay.*
- *(i) The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility.*
- *INTENT §483.10(g)(1),(16)*
- *This requirement is intended to assure that each resident knows his or her rights and responsibilities and that facility staff communicates this information prior to or upon admission, as appropriate during the resident’s stay, and when the facility’s rules change.*

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F583-Privacy and Confidentiality

- “Point of Purpose”
- ***§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.***

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F655 Baseline Care Plan

- “Point of Purpose”
- *(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)*
- *§483.21 Comprehensive Person-Centered Care Planning*
- *§483.21(a) Baseline Care Plans*
- ***§483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must—***
 - *(i) Be developed within 48 hours of a resident’s admission.*
 - *(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to—*
 - *(A) Initial goals based on admission orders.*
 - *(B) Physician orders.*
 - *(C) Dietary orders.*
 - *(D) Therapy services.*
 - ***(E) Social services.***
 - *(F) PASARR recommendation, if applicable.*

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F655 -Intent

- **INTENT §483.21(a)**
- *Completion and implementation of the baseline care plan within 48 hours of a resident's admission is intended to promote continuity of care and communication among nursing home staff, increase resident safety, and safeguard against adverse events that are most likely to occur right after admission; and to ensure the resident and representative, if applicable, are informed of the initial plan for delivery of care and services by receiving a written summary of the baseline care plan.*

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F656-Comprehensive Care Plans

- “Point of Purpose”
- **INTENT §483.21(b)**
- *Each resident will have a person-centered comprehensive care plan developed and implemented to meet his other preferences and goals, and address the resident's medical, physical, mental and psychosocial needs.*

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F656- Comprehensive Care Plans

- **GUIDANCE §483.21(b)**
- *Through the care planning process, facility staff must work with the resident and his/her representative, if applicable, to understand and meet the resident's preferences, choices and goals during their stay at the facility. The facility must establish, document and implement the care and services to be provided to each resident to assist in attaining or maintaining his or her highest practicable quality of life. Care planning drives the type of care and services that a resident receives. If care planning is not complete, or is inadequate, the consequences may negatively impact the resident's quality of life, as well as the quality of care and services received.*
- **Facilities are required to develop care plans that describe the resident's medical, nursing, physical, mental and psychosocial needs and preferences and how the facility will assist in meeting these needs and preferences. Care plans must include person-specific, measurable objectives and timeframes in order to evaluate the resident's progress toward his/her goal(s).**
- *Care plans must be person-centered and reflect the resident's goals for admission and desired outcomes. **Person-centered care means the facility focuses on the resident as the center of control, and supports each resident in making his or her own choices. Person-centered care includes making an effort to understand what each resident is communicating, verbally and nonverbally, identifying what is important to each resident with regard to daily routines and preferred activities, and having an understanding of the resident's life before coming to reside in the nursing home.***

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F656-Comprehensive Care Plan (cont.)

- *Residents' goals set the expectations for the care and services he or she wishes to receive. For example, a resident admitted for rehabilitation may have the following goal – "Receive the necessary care and services so that I may return to independent living." Another resident may have a goal of receiving the necessary care and services to meet needs they cannot independently achieve, while maintaining as much independence as possible. And yet another resident or his or her representative, if applicable, may have a goal of receiving the necessary care and services to keep the resident comfortable and pain-free at the end of their life. Each of these examples would be supported by measurable objectives, interventions and timeframes designed to meet each specific resident goal.*
- *Measurable objectives describe the steps toward achieving the resident's goals, and can be measured, quantified, and/or verified. For example, "Mrs. Jones, who underwent hip replacement, will report adequate pain control (as evidenced by pain at 1-3, on a scale of 1-10) throughout her SNF stay." Facility staff will use this objective to monitor the resident's progress.*
- **The comprehensive care plan must reflect interventions to enable each resident to meet his/her objectives. Interventions are the specific care and services that will be implemented.**

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Audience Poll Question #2

F656 (Comprehensive Care Plan) can be considered the _____ for resident care.

1. Blue-Print

2. Map

3. Roadmap

4. A great start



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Live Poll - Plenary One

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DESCRIPTION

A panel of experts - a regulator, provide facility practice regarding illicit substance communities, however it is increasingly users enter into LTC facilities. The goal events.

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Polling Question 1

Polling Question 2

Polling Question 3

Polling Question 4



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F710- Resident Care Supervised by a Physician

- *§483.30 Physician Services*
- *A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician. A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs.*
- *§483.30(a) Physician Supervision.*
- *The facility must ensure that—*
- *§483.30(a)(1) **The medical care of each resident is supervised by a physician;***
- *§483.30(a)(2) Another physician supervises the medical care of residents when their attending physician is unavailable.*

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F710-Physician Services (cont.)

- **INTENT §483.30(a)**
- *The intent of this regulation is to ensure the medical supervision of the care of each resident by a physician and that orders for the resident's immediate care and needs are provided throughout the resident's stay.*

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F710-Physician Services Guidance

- **GUIDANCE §483.30(a)**
- *A physician's personal approval of an admission recommendation must be in written form. The written recommendation for admission to the facility must be provided by a physician and cannot be provided by a NPP. This may be accomplished through a hospital transfer summary written by a physician, paperwork completed by the resident's physician in the community, or other written form by a physician. If a physician does not provide a written recommendation that the individual be admitted to the facility prior to the resident's admission, the physician's admission orders for the resident's immediate care as required in §483.20(a) will be accepted as "personal approval" of the admission if the orders are provided by a physician. Admission orders in lieu of a physician's written recommendation for admission to the facility cannot be provided by a NPP.*
- *Generally, the term "attending physician" or "physician" may also include a NPP involved in the management of the resident's care, to the extent permitted by State law. However, when the regulation specifies a task to be completed "personally" by the physician, that task may not be delegated to a NPP.*
- **Supervising the medical care of residents means participating in the resident's assessment and care planning, monitoring changes in resident's medical status, and providing consultation or treatment when contacted by the facility. It also includes, but is not limited to, prescribing medications and therapy, ordering a resident's transfer to the hospital, conducting required routine visits or delegating to and supervising follow-up visits by NPPs.**

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F726 – Competent Nursing Staff

- *§483.35 Nursing Services*
- *The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).*
- *§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.*
- *§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.*
- *§483.35(c) Proficiency of nurse aides.*
- *The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.*

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F726 and Cultural Competencies

- *Cultural Competencies*
- *Cultural competencies help staff communicate effectively with residents and their families and help provide care that is appropriate to the culture and the individual. The term cultural competence (also known as cultural responsiveness, cultural awareness, and cultural sensitivity) refers to a person's ability to interact effectively with persons of cultures different from his/her own. With regard to health care, cultural competence is a set of behaviors and attitudes held by clinicians that allows them to communicate effectively with individuals of various cultural backgrounds and to plan for and provide care that is appropriate to the culture and to the individual.*

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Trauma-Informed Care

- Video (as cited and recommended by MDPH document)
- <https://www.youtube.com/watch?v=fWken5DsJcw>

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F741-Sufficient/Competent Staff-Behavioral Health Needs

- *(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)*
- *§483.40(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:*
- *§483.40(a)(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant*

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F741 Intent

- **INTENT §483.40(a), (a)(1) & (a)(2)**
- *The intent of this requirement is to ensure that the facility has sufficient staff members who possess the basic competencies and skills sets to meet the behavioral health needs of residents for whom the facility has assessed and developed care plans. The facility must consider the acuity of the population and its assessment in accordance with §483.70(e). This includes residents with mental disorders, psychosocial disorders, or substance use disorders. Facility staff members must implement person-centered, care approaches designed to meet the individual needs of each resident. Additionally, for residents with behavioral health needs, non-pharmacological interventions must be developed and implemented.*

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F745-Provision of Medically Related Social Services

- “Point of Purpose”
- Guidance
- Situations in which the facility should provide social services or obtain needed services from outside entities include, but are not limited to the following:
 - *Lack of an effective family or community support system or legal representative;*
 - *Expressions or indications of distress that affect the resident’s mental and psychosocial well-being, resulting from depression, chronic diseases (e.g., Alzheimer’s disease and other dementia related diseases, schizophrenia, multiple sclerosis), difficulty with personal interaction and socialization skills, and resident to resident altercations;*
 - *Abuse of any kind (e.g., alcohol or other drugs, physical, psychological, sexual, neglect, exploitation);*
 - *Difficulty coping with change or loss (e.g., change in living arrangement, change in condition or functional ability, loss of meaningful employment or activities, loss of a loved one); and*
 - *Need for emotional support.*
- NOTE: When needed services are not covered by Medicaid, nursing facilities are still required to attempt to obtain these services on behalf of the resident (e.g., arranging transportation services).

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F835-Administration

- F835
- (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)
- §483.70 Administration.
- *A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.*
- **GUIDANCE §483.70**
- **Resources include but are not limited to a facility's operating budget, staff, supplies, or other services necessary to provide for the needs of residents.**
- **PROCEDURES §483.70**
- *Cite this tag if the actions, inactions, or decisions in administering the facility contributed to deficient practice(s). The facility's administration is not limited to the administrator and may also include the facility's governing body, management company, and/or others identified by the facility as part of the facility administration.*
- **The investigation must demonstrate how the administration knew or should have known of the deficient practice and how the lack of administration involvement contributed to the deficient practice found.** *When citing this F835, it is not acceptable to simply reiterate the non-compliance from any other associated tags and then refer to this tag. Surveyors must document how the administration knew or should have known of the deficient practice and taken action(s) as appropriate.*

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F838 –Facility Assessment

- F838
- (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)
- §483.70(e) Facility assessment.
- **The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.**

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F838 Facility Assessment

- **INTENT §483.70(e)**
- *The intent of the facility assessment is for the facility to evaluate its resident population and identify the resources needed to provide the necessary care and services the residents require.*

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F841-Medical Director

- **§483.70(h) Medical director.**
- **§483.70(h)(1) The facility must designate a physician to serve as medical director.**
- **§483.70(h)(2) The medical director is responsible for—**
- **(i) Implementation of resident care policies; and**
- **(ii) The coordination of medical care in the facility.**

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F841 - Guidance

- “Point of Purpose”
- *While medical directors who work for multi-facility organizations, such as corporate or regional offices, may be involved in policy development, the facility’s individual policies must be based on the facility’s unique environment and its resident’s needs, and not based on a broad, multi-facility structure.*

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Return to F561- Guidance

- The SOM provides guidance but is not explicitly applicable to our topic for today. Guidance does suggest care planning resident choices.
- Meeting the challenge:
- If it is resident’s choice to exit the facility to use illicit/illegal drugs, then how is this care planned to meet resident choice and support the health and safety of other residents.
- Boils down to a couple of choices (and variations of each)
 - Those that will inform facilities and follow a plan of care
 - Those that will not inform facilities and therefore there is no meeting of the minds regarding a plan of care
 - Those that will inform facilities BUT not follow the plan of care

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MOST COMMON SUBTANCES

- * Prescription drugs (opioids, benzodiazepines, stimulants)
- * Alcohol
- * Illicit drugs

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Signs of Substance Abuse in Residents

1

Changes

Sudden or unexplained shifts in a resident's emotional state can be a significant indicator of substance misuse. These mood changes often occur without a clear medical or situational cause and may fluctuate rapidly

It's important to document observations, communicate concerns to the interdisciplinary team

2

Withdrawal

Social and recreational activity participation plays a vital role in the mental, emotional, and physical well-being of long-term care residents. When a resident who was previously engaged begins to withdraw from these activities, it can be a sign of an underlying issue — including substance use disorder, mental health decline, or physical illness.

It's important to document observations, communicate concerns to the interdisciplinary team

3

Slurred Speech

Slurred speech, medically known as dysarthria, is a motor speech disorder that results in slowed or slurred articulation of words. In long-term care settings, slurred speech should never be overlooked, as it may signal a range of underlying issues — including substance abuse, neurological events, or medication side effects.

It's important to document observations, communicate concerns to the interdisciplinary team

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Why This Matters

Substance abuse among residents in long-term care settings is on the rise, presenting growing challenges for healthcare providers and facility staff

Affects residents' safety, quality of life, and healthcare outcomes

It can present as manipulation, depression, anxiety, and behaviors

Substance abuse disorders should be treated like any other disease

IT'S A DIAGNOSIS, NOT A STIGMA

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Provider Points & Strategies

- Behaviors are unmet needs
- Staff training awareness, collaborate other agencies for assistance and education
- Monitoring behavioral changes
- Open communication with families and care teams
- Involve the Ombudsman
- Care plan problem and realistic interventions
- Involve outside sources such as NA, AA, for families
- Work and local precinct
- Assessment skills (Nursing) - Narcan must be available at all times
- Facility policies on controlled substances and visitor conduct



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Audience Poll Question #3

When planning care for residents with substance use disorders in LTC, the initial plan of care can be guided by:

1. The MDS assessment and psychosocial and behavioral assessment.
2. Interview and information gathered from the resident representative
3. Information provided from the dealer and close friends.
4. Policies set forth by administration.



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Strategies in Action

CASE STUDY



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Case Study- #1

- Resident John Brown admitted on April 22, 2015, to Facility X with the following diagnoses: Substance use disorder, depression and anxiety, COPD).
- John is a known IV Drug user with (Heroin)

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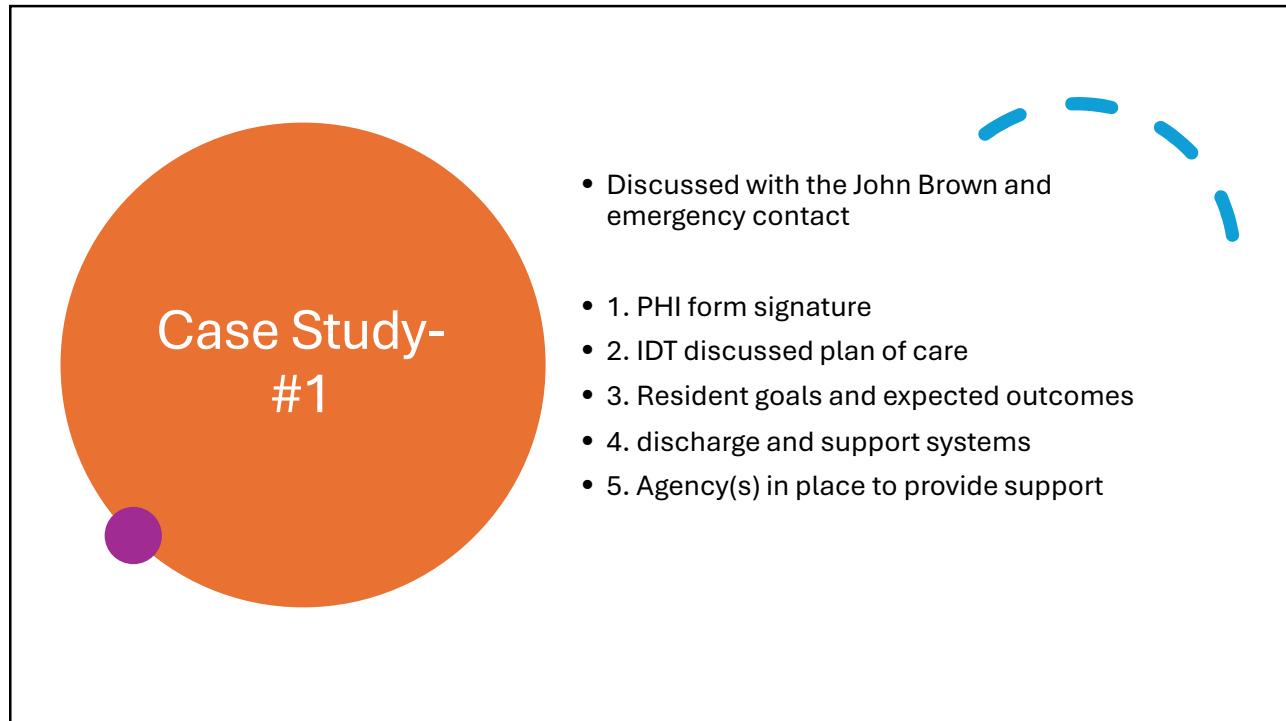


Case Study- #1

- During the first 48 hours the following was noted and care planned by facility staff.

1. "I care plans" initiated with-in 24 house r/t dx Substance Use Order
2. Resident added to H-&I meetings
3. DX placed on banner with-in 24 hours
4. PHI (Protected Health Information) form signed to ensure support system
5. Refer to counseling as soon as possible

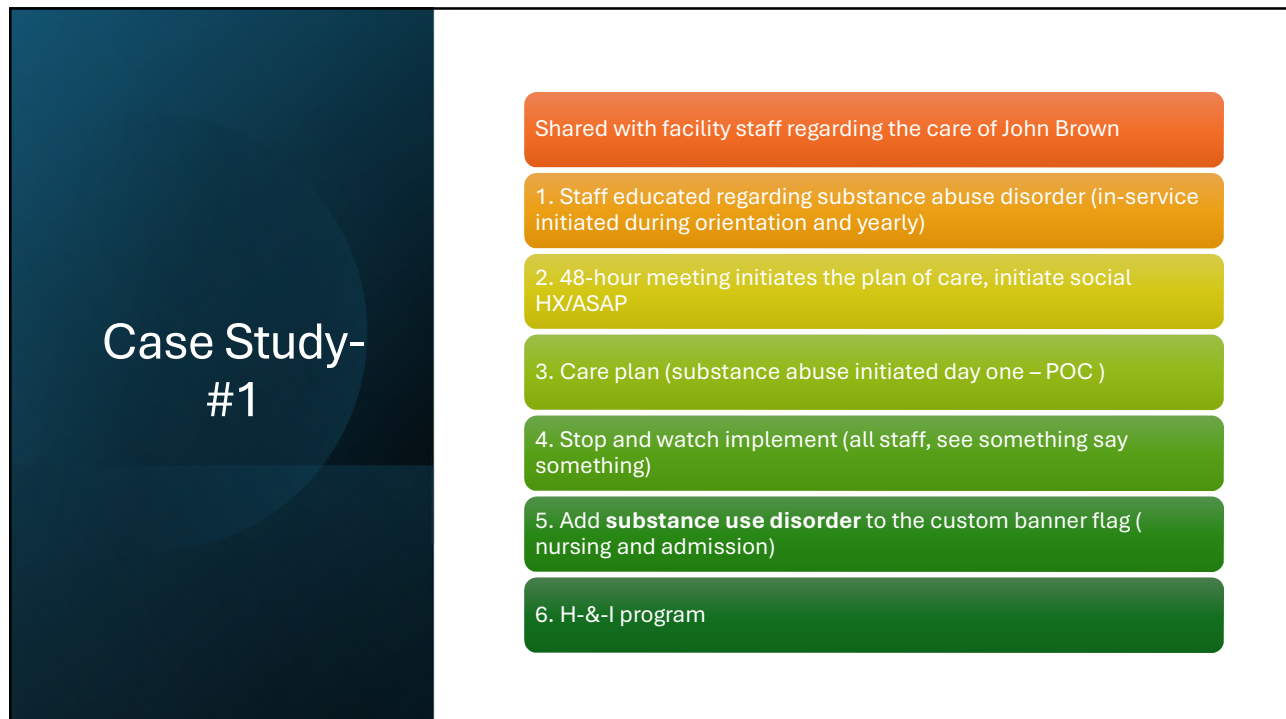
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Case Study-
#1

- Discussed with the John Brown and emergency contact
- 1. PHI form signature
- 2. IDT discussed plan of care
- 3. Resident goals and expected outcomes
- 4. discharge and support systems
- 5. Agency(s) in place to provide support

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Case Study-
#1

- Shared with facility staff regarding the care of John Brown
- 1. Staff educated regarding substance abuse disorder (in-service initiated during orientation and yearly)
- 2. 48-hour meeting initiates the plan of care, initiate social HX/ASAP
- 3. Care plan (substance abuse initiated day one – POC)
- 4. Stop and watch implement (all staff, see something say something)
- 5. Add **substance use disorder** to the custom banner flag (nursing and admission)
- 6. H-&-I program

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Case Study- #1

Outcome of strategic and person-centered care planning.

-Improved health comes

-Better outcomes by allowing the resident to truly participate in their care by allowing them to choose goals, assist with interventions on their timeline.

-Reduces relapse with substance use

-Ensure residents have a circle/support system including outside agencies that have they agreed with.

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Audience Poll Question #4

How can staff preparedness and perceptions best be improved?

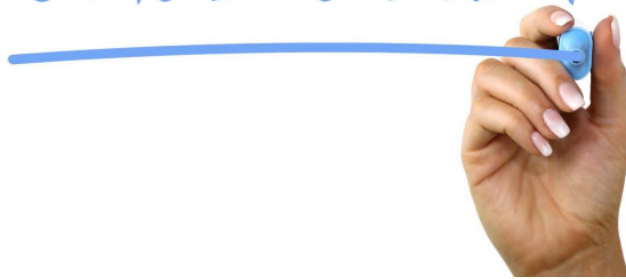
1. Provide written guidance on caring for residents with SAD.
2. Ensure staff work with peers at every interaction.
3. Provide ongoing education, practice de-escalation techniques, encourage open communication, and offer self-care resources for staff.
4. Show staff the movie "Ray" during a 'lunch and learn.'



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Strategies in Action

CASE STUDY



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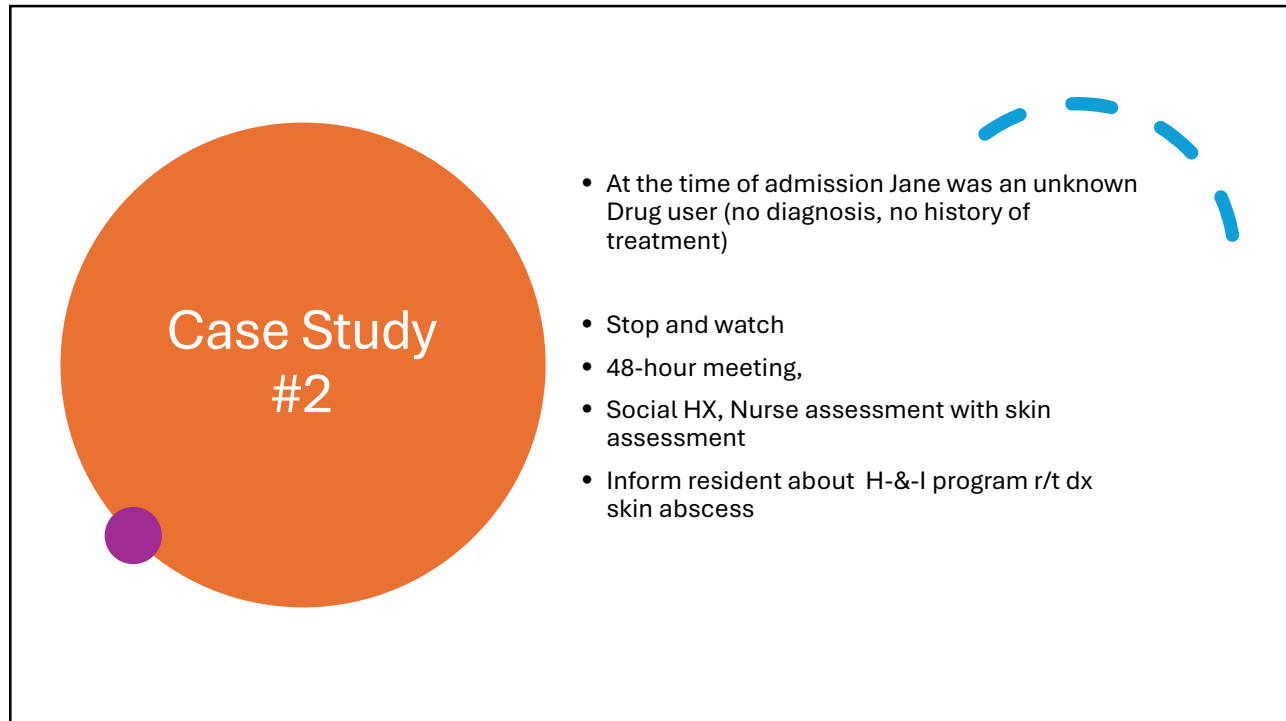
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Case Study #2

- Resident Jane Blue admitted on (January 1, 2023) to Facility X with DX (aggression, depression, anxiety, skin abscess, and Diabetes).

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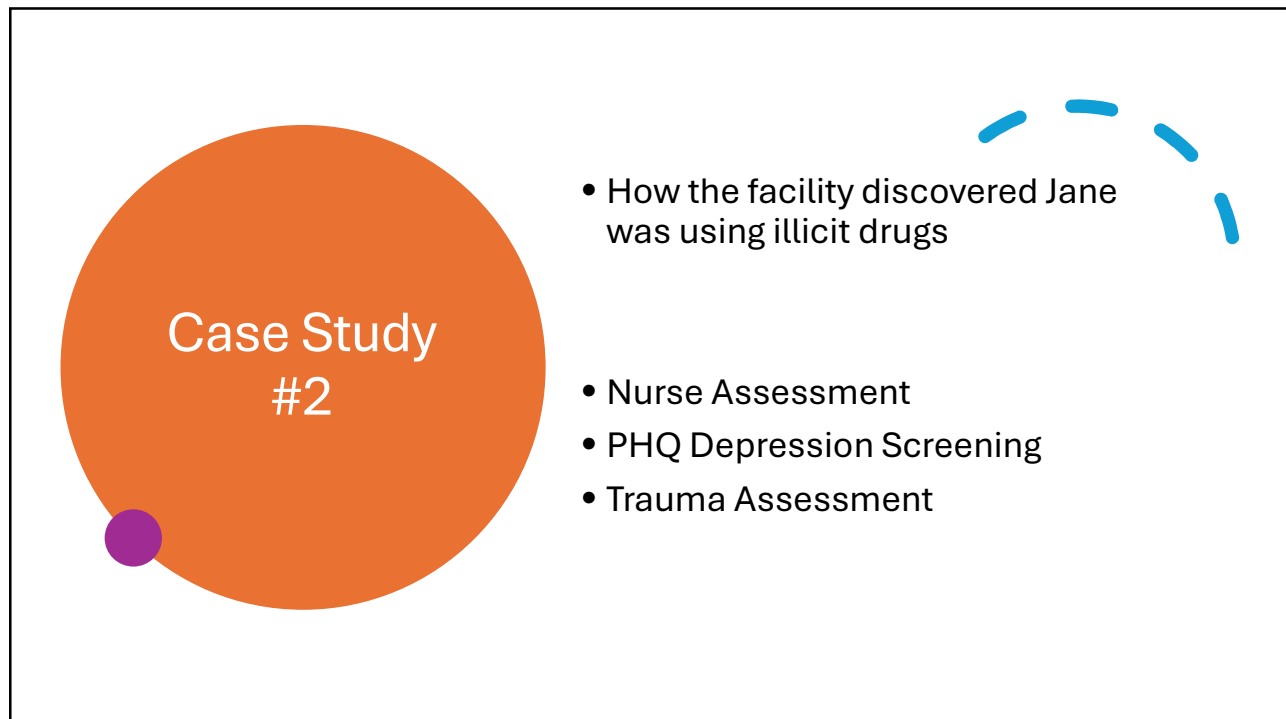


Case Study #2

- At the time of admission Jane was an unknown Drug user (no diagnosis, no history of treatment)
- Stop and watch
- 48-hour meeting,
- Social HX, Nurse assessment with skin assessment
- Inform resident about H-&I program r/t dx skin abscess

Decorative elements: a large orange circle with a purple dot at the bottom left, and a blue dashed arc at the top right.

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Case Study #2

- How the facility discovered Jane was using illicit drugs
- Nurse Assessment
- PHQ Depression Screening
- Trauma Assessment

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58

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Case Study #2

- **Jane's Care Plan**
- "I care plan" with resident participation
- Substance use care plan added
- Customer banner flagged added
- Counseling/Behavior Management

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Case Study #2

- Conversation(s) with Jane once it was established she was using drugs when out on an LOA and sneaking drugs into the facility
- Schedule a care conference ASAP to discuss care plans
- Discuss risk that drugs have when taking other medications
- Have a conversation about accountability

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Case Study #2

Staff discussions regarding Jane Blue's plan of care.

-Staff educated on substance use disorder

-POC charting

Observe for change in condition/Stop and Watch

"Behavior" Log

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Case Study #2

- **What was the outcome of the care planning.**
- -Resident discharged with outside resources to assist
- -Stabilization of health
- -Reduction in substance use
- -Improved Quality of Life
- **What was the outcome of staff involvement in the care of Jane.**
- -Emotional support and connection
- -continuity of care
- -Safe supervised environment
- -Increased staff participation and input on resident care

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Video

- [Holistic Approach to Transformational Change®](#)

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What You Can Do



- Stay informed and educated
- Speak up when something seems 'off'
- Collaborate with other agencies
- Advocate for policy changes and resident rights

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Creating a Culture of Safety

- 1
- 2
- 3

Support mental health for both staff and residents

Foster trust and transparency in care

Create awareness substance use disorder

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Q&A with Officer Marc Moore

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