

# Recommendations for Medical and Mental Health Care in Assisted Living Based on an Expert Delphi Consensus Panel: A Consensus Statement

*Distributed by Be Well in AL: A Coalition to Promote Medical and Mental Health Care in Assisted Living*

<b>Items Achieving Consensus as Important to Quality of Care Outcomes</b>
<b>Staffing and Staff Training</b>
Training for any staff on person-centered care
Direct care worker-to-resident ratio
Staff training for dementia/mental illness
Training on side effects of drug treatments for staff who administer medications
Health care supervisor training and knowledge
Training for any staff on infection prevention and control
Percent of direct care workers who are not contract staff
Training for any staff on end-of-life care/advance care planning
Percent of direct care workers who are full-time
Has RN available on-site
Has LPN/LVN available on-site
<b>Nursing and Related Services</b>
Provision of routine toenail care on-site
Administration of influenza vaccines on-site
Provision of physical therapy on-site
Provision of insulin injections on-site
Blood sugar testing on-site
AL staff schedule residents' medical and mental health care visits
Provision of occupational therapy on-site
Obtainment of weight for all residents at least monthly on-site
Administration of breathing/nebulizer treatments on-site
<b>Resident Assessment and Care Planning</b>
Resident present during assessment/care planning
Conducts a formal cognitive assessment as part of resident assessment
Nurse present during assessment/care planning
Uses a formal assessment tool for cognition
Conducts a standardized assessment to determine cause when a resident is agitated
Certified nursing assistant/personal care aide present during assessment/care planning
Uses other formal assessment tools (other than for cognition)
Conducts as needed formal resident care or service plan meeting
Family present during assessment/care planning
Health care supervisor present during assessment/care planning
<b>Policies and Practices</b>
Has a policy/procedure regarding aggressive or other behaviors
Notifies a responsible party when an emergency department visit occurs
Discussions about advance directives occur for all residents and are documented
Records health information in chart
Has a policy/procedure regarding expression of suicidal thoughts
Notifies a responsible party when change in status
If resident cannot respond, family provides consent for new antipsychotic or opioid
Notifies a responsible party when a medication is changed
If resident is able to respond, resident provides consent for new antipsychotic or opioid
Has a program or policy related to gradual dose reduction for psychotropic medications
<b>Medical and Mental Health Clinicians and Care</b>
All off-site medical or mental health visits include post-visit notes with findings
Has any medical care provided on-site
Has any mental health care provided on-site

**Source:** Zimmerman S, Sloane PD, Wretman CJ, et al. Recommendations for Medical and Mental Health Care in Assisted Living Based on an Expert Delphi Consensus Panel: A Consensus Statement. JAMA Netw Open. 2022 Sep 1;5(9):e2233872.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2796840>

**Note:** Additional items may also be important to medical and mental health care in assisted living; see the entire article for additional information.