

# North Dakota Hospital Association Innovate-ND

## HRET Hospital Improvement Innovation Network

March 16, 2018

### EDUCATIONAL EVENTS

#### HRET HIIN

**HRET HIIN Culture of Safety Webinar | Who Has YOUR Back? Building Safe Patient Handling Programs that Work**  
03/20/18 | 11:00 a.m.-12:00 p.m. CT

**HRET HIIN QI Foundations for Change Fellowship Call #6**  
3/28/18 | 11:00 a.m.-12:00 p.m. CT

**HRET HIIN QI Accelerating Improvement Fellowship Call #6**  
3/28/18 | 12:20-1:30 p.m. CT

**HRET HIIN QI Fellowship Office Hours Call #4**  
4/04/18 | 11:00 a.m.-12:00 p.m. CT

Information, registration links and recording links for **all** HRET HIIN upcoming and past virtual events can be found under the "Events" tab on [www.hret-hiin.org](http://www.hret-hiin.org).

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**SAVE THE DATE—UP Campaign Coaching Calls**

**Get UP: Early Progressive Mobility | Maryanne Whitney**  
03/29/18 | 11:30 a.m. CT

**Soap UP: Hand Hygiene | Barb DeBaun**  
04/12/18 | 11:30 a.m. CT

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### IMPORTANT DATES TO REMEMBER

**Remember to report your HIIN data in CDS every month!**

Deadline	Reporting Period
3/30/2018	Performance data for February 2018 discharges

### QUALITY MILESTONES RECOGNITION

<b>COPPER Milestone:</b>	<b>COPPER, BRONZE &amp; SILVER Milestone:</b> CHI Mercy Health – Valley City First Care Health Center – Park River Northwood Deaconess Health Center Pembina County Medical Center Presentation Medical Center Sakakawea Medical Center Sanford Hillsboro Medical Center CHI St. Alexius Health – Devils Lake St. Andrew's Health Center Wishek Community Hospital
<b>COPPER &amp; BRONZE Milestone:</b> Ashley Medical Center Carrington Health Center Cavalier County Memorial Hospital CHI St. Alexius – Devils Lake CHI Community Memorial Hospital – Turtle Lake CHI Garrison Community Hospital Cooperstown Medical Center First Care Health Center – Park River Heart of America Medical Center Jacobson Memorial Hospital Kenmare Community Hospital Linton Hospital Mountrail County Medical Center Nelson County Health System Sanford Mayville Medical Center Southwest Healthcare Services St. Aloisius Medical Center St. Luke's Hospital Tioga Medical Center Towner County Medical Center Unity Medical Center	<b>COPPER, BRONZE, SILVER &amp; GOLD Milestone:</b> McKenzie County Healthcare System – Watford City
<b>COPPER, BRONZE, SILVER, GOLD &amp; PLATINUM Milestone:</b>	



Click [here](#) to register!

## Partner Educational Events

### Great Lakes Partners for Patients (GLPP) HIIN | Reducing Hospital Readmissions, Part 3

03/21/18 | 1:00-2:00 p.m. CT  
Register [here](#).

### ND Alzheimers Association Dementia Education for Professionals

03/22/18 | 11:00 a.m.-1:00 p.m. CT  
03/28/18 | 9:00-11:00 a.m. CT  
To register, contact Kendra Binger, Program Manager, 701.277.9757.

### ND Department of Human Services

#### Day For Prevention: Understand. Engage. Act.!

04/11/18 | Bismarck, ND  
Register [here](#).

### Medication Safety LAN A Patient-Centered Approach to Safely Managing Diabetes

04/11/18 | 2:00-3:30 p.m. CT  
Register [here](#).

### Great Plains QIN Community Antibiotic Stewardship Hot Topic: Antibigrams

04/24/18 | 12:15-1:00 p.m. CT  
Register [here](#).

### Great Plains QIN TeamSTEPPS 2.0 Essentials | Training for Hospital Staff

04/26/18 | 2:00-4:00 p.m. CT  
Register [here](#).

### National Coordinating Center Integrating Alcohol and Depression Screenings into Whole-Person Care

05/19/18 | 2:00-3:30 PM CT



New to Silver Milestone: Presentation Medical Center and CHI Mercy Health-Valley City.

First hospital to meet Gold Milestone Status—McKenzie County Healthcare, Watford City!

## FEATURED RESOURCES

### Hypoglycemia Process Improvement Discovery Tool

Try this [user-friendly tool](#) to drill down and discover why hypoglycemic events are occurring in your hospital.

### Steve Tremain, MD, Speaks Out on New ADA Standards of Medical Care in Diabetes

#### *Sliding Scale Insulin as the Only Form of Glycemic Control? Really? In 2018?*

*In January of 2017 the American Diabetes Association published the [Standards of Medical Care in Diabetes – 2017](#). In follow-up, the ADA has now released a position statement, [Standards of Medical Care in Diabetes – 2018](#), Abridged for Primary Care Providers.*

When I trained in the late 70's and early 80's, our understanding of glycemic control and the tools we had to implement it were rudimentary. Porcine insulin. Bovine insulin. Double void dip sticks. Sliding scale insulin (SSI).

Now it is 2018. We have multiple super short and super long acting insulins made from recombinant human DNA. We have POCT glucose, pumps, continuous glucose monitors that talk to Apple watches that alert the patient and designated love ones. But for some reason we still have Sliding Scale Insulin hanging around in certain hospitals (but not most) as the only form of inpatient glycemic control.

Multiple articles have been written exposing the folly of this approach. First, this method in no way functions like the pancreas, and suggests that those using this approach have forgotten normal physiology. **EVERY insulin dependent patient needs basal insulin.** And no diabetic makes enough to meet the cells demands. So, if a patient is insulin dependent, whether Type I or II, they need basal doses. These doses of insulin are active in the background 24 hours per day, just robotically doing their thing.

Patients who are eating or getting regular tube feedings also need nutritional, sometimes called **bolus**, plus **correctional** insulin (which should be just a few units) to help them stay in the desired glycemic range.

**So... if they are eating, they need basal + bolus + correction.**

Register [here](#).

## APIC 2018

### 45th Annual Conference

06/13/18-06/15/18 | Minneapolis, MN

[Registration](#) is now open! Registering early saves you \$100 off the full conference registration rate. Save even more by taking advantage of the group discount to save an additional \$200 just by registering four or more attendees from your institution. [Register now!](#)

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## SAVE THE DATE

### Quality Health Associates of North Dakota 2018 Quality Forum

08/23/18 | Bismarck, ND

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## NATIONAL PATIENT SAFETY FOUNDATION WEBCASTS

The National Patient Safety Foundation (NPSF) now offers complimentary access to past NPSF webcasts. Check back often to see what is available. [Visit the NPSF Webcast Archive](#) website and follow the instructions on your screen.

## If they are not eating, they need basal (or infusion insulin) + correction.

*Why do we still find physicians ordering SSI alone? Theories abound, but often this is due to the fear of ordering basal and nutritional doses (bolus). Sometimes, the physician says that "it's always worked for me!" But does it work well for the patient. It usually gives a sine wave glucose pattern with higher highs and lower lows.*

Here are two article links, one from 2009 and one from 2010 imploring us to abandon this 20<sup>th</sup> century practice. It is not modern patient care.

- Hirsch, IB. Sliding scale insulin – time to stop sliding. *JAMA. January 14, 2009—Vol 301, No. 2*
- Nau KC, Lorensetti RC, Cucuzzella m, Devine T, and Kline J. Glycemic Control in Hospitalized Patients Not in Intensive Care: Beyond Sliding-Scale Insulin American Family Physician. *Volume 81, Number 9. May 1, 2010*
- Milligan PE, Bocox MC, Pratt E, Hoehner CM, Krettek JE, Dunagan WC. Multifaceted approach to reducing occurrence of severe hypoglycemia in a large healthcare system. *Am J Health-Syst Pharm—Vol 72 Oct 1, 2015*

And for more information on current insulin ordering practices, this article has been found to be helpful for many.

<https://www.ncbi.nlm.nih.gov/pubmed/26386104>

So which are you? This one doing it the way you have always done it, blind to the harms it might cause?



Or this one, using modern technology (remote controlled tractors) to get the best results?



For more information on glycemic management, visit the HRET HIIN [ADE Change Package](#).

*Dr. Tremain is a Physician Improvement Advisor with Cynosure Health. He serves as the national clinical lead for the American Hospital Association/HRET HIIN efforts to reduce harm from adverse drug events. In addition, he teaches and consults regarding patient safety and process improvement throughout the United States and Canada.*

## ADVERSE DRUG EVENTS

### New Guidance for Managing Bleeding in Patients on Oral Anticoagulants

## CARE CONSULTATION



Care Consultation is an important program for professionals who are working with individuals with memory loss. The program is designed to provide disease education, support, and care planning for all aspects of memory loss. As a professional who receives care consultation, you will receive individualized assistance to support your clients, their family care partners and other members of your staff in effectively managing memory loss symptoms and issues.



This project is supported by funding through the North Dakota Department of Human Services, Aging Services Division.

alz.org 24/7 Helpline: 1.800.272.3900

In December 2017, the American College of Cardiology (ACC) released an expert consensus decision pathway on management of bleeding in patients who take oral anticoagulants. Click [here](#) to read more about this comprehensive resource that considers severity of bleeding, acute medical and surgical management, need for reversal, and appropriateness of restarting anticoagulation.

### **Colorado Pilots Opioid Reduction Project with Amazing Success**

At the 2018 CMS Quality Conference we hear how our colleagues at the Colorado Hospital Association launched a 6-month project aimed at cutting use of prescription painkillers. [Listen](#) to this National Public Radio broadcast to hear about their ER collaboration that reduced opioid use by over 36%.

### **The Opioid Public Health Emergency and the Older Adults**

The Administration for Community Living (ACL) has authored an [issue briefing](#) on opioids. Opioid misuse and addiction have become a large, nationwide issue. Opioid Use Disorder can affect people of all ages, racial, ethnic, sexual and gender minorities, income classes and geographic areas. Older adults are among the groups affected by this problem because they often use prescription opioids to cope with painful chronic conditions, such as arthritis, or procedures, such as surgery.

### **Drug Enforcement Agency (DEA) Creates Toolbox for Use Promoting National Prescription Drug Take Back Day**

Removing unwanted or expired medications from the medicine cabinet is an easy and concrete step that everyone can take to make a difference in the opioid epidemic. The Drug Enforcement Agency (DEA) created a new partnership toolbox of materials for promoting National Prescription Drug Take Back Day on April 28, 2018. The new toolbox includes:

- Posters
- Pamphlets
- Digital billboards
- Print billboards
- Bus ads
- Site location banners
- Web button

Promoting the DEA's Take Back Day provides an opportunity for people from across the country to clean out their medicine cabinets and to safely and anonymously turn in prescription drugs. Click [here](#) to get the toolbox.

### **Guilty! Pre-conceived Pet Therapy**

In the fall of 2009, my former neighbor, Martha Nelson, who had moved to Minot's Edgewood Vista Assisted Living was really missing the ranch. Every time I stopped in to visit or called her she talked about coming "home" for Christmas. I asked her what she missed the most. Her answer was simple: the animals. "What I wouldn't do for the smell of horse flesh", she would say. Knowing that Martha's chances of being able to navigate the car, the travel, the stairs to get into the ranch house, or even just to physically tolerate the excitement and longevity of a Christmas day surrounded by her children, grandchildren and great-grandchildren...what was a horse-owning-neighbor-nurse-friend to do? So I did it...I snuck a colt into Martha's room. Yes, snuck. I knew full well there was no way they would let me bring a *horse* into that nearly new facility. My friend

## RESOURCES

### **LISTSERV®**

[Sign up](#) and help meet our goal of approximately 1,000 subscribers per LISTSERV® topic. These platforms enable peer-sharing and are used to promote virtual events and highlight innovative topic-specific strategies to reduce harm. New subscribers are added on the first day of each week.

### **On the Web**

The HRET HIIN website is a one-stop-shop for all HRET HIIN information and events! Check it out at [www.hret-hiin.org](http://www.hret-hiin.org).

### **Social Media**

Follow the HRET HIIN on Twitter [@HRETtweets!](#) Here they'll be promoting virtual events, highlighting recruitment numbers, state partners and hospitals! Retweet, reply or like their posts and share your HIIN journey using #WhyImHIIN.

You can also join the HRET-HIIN on Facebook and LinkedIn. Follow

the instructions for joining by clicking on the correlating icon on the right-hand side of the page when you log onto the HRET HIIN website ([www.hret-hiin.org](http://www.hret-hiin.org))

### **INNOVATE-ND SUPPORT TEAM**

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excitement and the delight in her voice is something I will never forget.

During the March 13 Wake-UP/Script-UP Follow-up call, Dr. Steve Tremain talked about alternative pain management and asked if any of our hospitals were allowing pets to visit their owners in the hospital or if any were using Pet Therapy. He encouraged everyone to consider it. Benefits include lower blood pressure, a release of endorphins (oxytocin) that have a calming effect, diminished overall physical pain, decreased feelings of isolation and alienation, decreased anxiety, reduced loneliness; and, when used in physical therapy it increases joint movement, improves recovery time, increases motor skills and provides motivation to move more, stretch farther and exercise longer ([pawsforpeople.org](http://pawsforpeople.org)).

There are some considerations before opening the door to all pets, but Leslie J. LaBelle, Associate Director for Joint Commission Enterprise Continuing Education, encourages it. "Don't let the need for policies and procedures keep your organization from pursuing animal therapy for your patients," she notes, and has written an article to help: [Considering Pet Therapy? Here's How to Write Your Hospital's Animal Policy](#). We also put the question out to the HRET HIIN Hospital Wide Topics List Serv and got several positive responses and policies for Pet Therapy, Pet Visitation and Service Animals. Lori Thorp, Eskanazi Health in Indiana, even described the funding sources they have obtained to provide the program. APIC also provides guidance on [Animals Visiting in Healthcare Facilities](#). The policies we have collected from the listserv can be found on our website at [Innovate-ND](#).

By the way...the residents at the far end of the hall may have broken a record for walker races to reach Quinny, and they couldn't believe she was *real* and in their building. This surprise visit was talked about for weeks among the residents and families who were there that night. And no, Quinny didn't have an "accident."

## **HOSPITAL-ACQUIRED INFECTIONS**

### **New Study Highlights Prescribing Trends, Importance of Appropriate Use of Fluoroquinolones**

A new CDC-authored study published in Clinical Infectious Diseases shows about 5% of all fluoroquinolones prescribed for adults in doctor's offices and emergency departments are completely unnecessary, and about 20% of all fluoroquinolone prescriptions in these two settings are

Orrin and I waited til evening when the staffing was lower, and I was sure that *no one I knew* was working, and then I brought Quinny, a weanling colt, into Martha's room. Luckily she had an apartment close to the main entrance. I am not sure who got more out of it, Martha or Orrin and me. The vision of her

not the recommended first-line treatment. Due to the serious side effects they can cause, fluoroquinolones should only be used when absolutely necessary. Click [here](#) to learn more.

### **Identifying Sepsis**

Sepsis diagnoses have a high associated morbidity and mortality rate...early recognition and treatment are crucial! The videos below provide a variety of sepsis situations - some are learning modules and others are informational. *Think Beyond the 4 Walls* of your hospital! Consider how these videos can help you create consistent messaging and a shared mental model around sepsis identification and management in your hospital and with partnering healthcare entities in your community. What strategies can you take away to prevent unnecessary sepsis readmissions and ensure that post-sepsis patients get the care they need in the community?

- 1) [Life after Sepsis](#): Health Consequences among Survivors of Sepsis. This video described the mechanism and symptoms of sepsis, and then long-term effects such as cognitive deficits.
- 2) [Partnering to Heal](#): Teaming Up Against Healthcare-Associated Infections. This is a computer-based, video-simulation training program on infection control practices for clinicians, health professional students and patient advocates.
- 3) [Nurses Suspect Sepsis](#) educational video: this video shared several best practices and facts about sepsis, including the highest risk populations and symptoms. It also shared stories of those that have been affected by the syndrome, including Carl Flatley's story of losing his daughter to sepsis and him founding Sepsis Alliance.

Additionally, check out this [article](#) shared by the Sepsis Affinity Group recently.

### **Tales from the Field: How a Maintenance Manager Improved Falls at Roosevelt Medical Center**



Brayden Fine from Montana Hospital Association shared a powerful hospital story on last week's State Partner Call. The State Partner Call Evaluation captured considerable interest in the story shared, which led to the creation of a new section in the newsletter, titled *Tales From the Field*. The story from Roosevelt Medical Center will be the first of many that celebrates reduction in readmissions and harms on the ground floor of hospitals. If

you have a tale from the field, please send it to [Jordan Steiger](#) so others can learn from great work.

"We were in Culbertson, MT at Roosevelt Medical Center for a site visit before our Up Campaign workshop with Dr. Steve Tremain. As we were going through their needs assessment, we noticed that they had indicated falls as a high priority area for their facility. We asked if they had encountered any barriers that needed our support on. During this conversation, the quality director told us a story about their maintenance manager offering a brilliant solution to prevent falls. They

had a patient who was consistently having falls with injury and they weren't having any success after trying many different interventions. The maintenance manager was involved in the multidisciplinary meeting to address how to improve the patient's care and offered the idea to let the patient be involved in the education about how CNA's and nurses should be utilizing the lift during transfer. The maintenance manager referenced that the patient was coherent and had an assertive personality, so it might help to have her be more involved. After implementing this strategy and having 16 members attend a falls workshop, they went from 17 falls in the first six months of HIIN to only three falls in the next eight months."

This story sheds light on a great application of best practices to improve HIIN core topics, including falls, culture of safety and patient and family engagement. For more information about this story or Montana Hospital Association's falls strategy, please contact [Brayden Fine](#).

### **Getting to The Cause of Injury when Patients Fall in our Care**

Much emphasis on Post Fall Management has focused on the Post Fall Huddle. By completing the post fall huddle you have likely discovered the root causes of patient falls. But what about root causes of injuries when patients fall?

Pat Quigley, renowned subject matter on falls, redesigned the Post Fall Huddle Process and Form to help clinicians discover exact sources of injuries to help organizations plan and implement protective interventions, i.e., eliminating sharp edges, using floor mats, to reduce injurious falls.

These revised tools have also been updated on the VA's National Falls Toolkit as of January and can be accessed by clicking [here](#).

## **READMISSIONS**

### **Hospital Readmissions Webinar Series**

The [Great Lakes Partners for Patients \(GLPP\) HIIN](#) is hosting a four-part webinar series called Reducing Hospital Readmissions. The Reducing Hospital Readmissions webinar series is comprised of four separate webinars, each lasting an hour. The next event will be held on March 21 – a registration link is provided in the left-hand column of this newsletter.

### **Advance Care Planning Facilitator Training Opportunity**

Honoring Choices North Dakota (HCND) is willing to bring First Steps® ACP Facilitator training to any community! The basic requirement to host a training event is a minimum of 12 registrants which covers the cost of the required online modules and instructors. **Full scholarships are available for 1 staff person per CAH until August 31!**

Who should consider participating? Nurses, social workers, case managers, and chaplains from hospitals, nursing homes, clinics, hospice agencies, public health units, Alzheimer's Association, and Lutheran Social Services.

Interested organizations can contact Sally May for more information. Her contact information is on the HCND website:

<https://www.honoringchoicesnd.org/>

## PATIENT AND FAMILY ENGAGEMENT

### **Tales from the Field: Davis Medical Center's Journey to Developing a PFAC**

With support from the West Virginia Hospital Association team and through testing and implementing HRET HIIN PFE tools and resources, Davis Medical Center in Elkins, WV has recently developed and implemented a PFAC at their hospital. Davis Medical Center's Michelle Stanton recently shared her hospital's PFAC success story:

"As a member of the West Virginia Hospital Association, we have been fortunate to participate in the AHA/HRET HIIN, which has provided us with the needed resources in order to successfully plan and implement a Patient Family Advisory Council at our organization. When we started on our journey to develop our PFAC, it was important to us to make sure that we carefully planned meaningful agendas, provide relevant education, and create worthwhile purpose for our patient family advisors. The information and resources available to us through the HIIN is helping us to accomplish just that! The Patient Family Advisory Council has been well received in our organization and will be the catalyst in order to cultivate an active partnership between our staff, patients and family members in order to further enhance our efforts to ensure patient safety, improve quality, as well as enrich the overall patient experience."

Please visit the [Patient and Family Engagement page](#) on the HRET HIIN website for more information and resources.

## CULTURE CHANGE

### **Leading Together: The New Paradigm for Healthcare**

There is still time to register for the HRET training Leading Together: The New Paradigm for Healthcare will be held in Chicago from March 28-29<sup>th</sup>!

This is a great opportunity for physicians and administrative leaders from the same organization to join together to learn adaptive leadership principles that will assist in providing insights and resilience needed to lead change when facing complex systemic problems. Adaptive leadership is:

- A people-focused approach to leadership development
- Grounded in inclusion, honoring diverse perspectives
- Based on the premise that leadership is an activity, not a person, and can be exercised by anyone, no matter their role
- Focused on mobilizing people to tackle tough problems and thrive.

**Registration (\$3,500 value) and travel will be included for HRET HIIN hospitals.**

We invite you to [register](#) and please note all individuals interested in applying must identify their joining team member in the registration form. The joining team member also must register separately.

Please contact [physicianalliance@aha.org](mailto:physicianalliance@aha.org) or your state hospital association with any questions you may have regarding the event registration and/or its learning objectives.

## DIVERSITY

### **Webinar Addresses The Daily Safety Huddle and Culturally and Linguistically Appropriate Care Delivery**

As part of their February Diversity Dialogue, the Institute for Diversity and Health Equity (an affiliate of AHA) hosted a webinar focused on High Reliability Organizations (HRO) and providing culturally and linguistically appropriate care called: The Daily Safety Huddle and Culturally and Linguistically Appropriate Care Delivery.

This webinar featured AnMed Health, a health system from Anderson, South Carolina. Julia S. Slade (Chief Diversity Officer and Director of Diversity and Language Services at AnMed Health) and Robert Pierce (Director of Quality and Process Improvement at AnMed Health) spoke on their organization's work with providing culturally and linguistically appropriate care and shared principles on how AnMed Health functions as a High Reliability Organization (HRO), specifically focusing on a tactical element they utilize called "the daily safety huddle".

#### Learning Objectives

- Learn the South Carolina Safe Care Commitment and High Reliability Organizational (HRO) principles
- Establish the connection between Cultural and Linguistic Competence and HRO
- Understand the Overview of Daily Safety Huddle process and operations
- Hear lessons learned from AnMed Health

Click [here](#) to view the recording.

### **Disability-Competent Care Webinar Series**

Resources for Integrated Care is excited to announce the 2018 Disability-Competent Care Webinar Series. This series is intended to aid providers and health care professionals in improving the delivery of care to persons with disabilities. Individuals with disabilities enrolled in both Medicare and Medicaid are at higher risk for poor health outcomes when compared to individuals without disabilities. This seven-part series will explore key concepts of the Disability-Competent Care (DCC) model and how organizations can best implement these concepts to empower providers and participants with disabilities to best meet their care needs.

The webinar series started on February 21, 2018, and will continue every Wednesday through April 4, 2018. Continuing Education Units (CEUs) and Continuing Medical Education (CME) credit from CMS' Learning Management System will be available at no cost to webinar attendees. Click [here](#) to register.

## MISCELLANEOUS

### **Culture of Health | Living The Healthiest Life Possible Regardless of Zip Codes**

*Does where you live affect how long you live? How does your area's life expectancy measure up to the national average?*

A ZIP code is 5 numbers meant to give mail to people—not indicate how long they live. Unfortunately, many United States cities and counties have significant gaps in life expectancy, often for residents just a few miles apart. In the article [“Does where you live affect how long you live”](#), the Robert Wood Johnson Foundation (RWJF) discusses how ZIP codes affect life expectancy and health in the community.

Utilize the zip code tool in the article to compare how your area's life expectancy measures up to the national average. Exploring these resources not only helps in illuminating disparities, but in starting discussions and steps towards the Culture of Health. Everyone should have the opportunity to live the healthiest life possible, regardless of their ZIP code.

### **Dementia Care Practice Recommendations**

The Alzheimer's Association has been a leader in outlining principles and practices of quality care for individuals living with dementia. Early on, the Guidelines for Dignity described goals for quality care, followed by Key Elements of Dementia Care and the Dementia Care Practice Recommendations, as more evidence became available. In this new iteration, the [Alzheimer's Association 2018 Dementia Care Practice Recommendations](#) outline recommendations for quality care practices based on a comprehensive review of current evidence, best practice and expert opinion.

The 2018 Dementia Care Practice Recommendations were developed to better define quality care across all care settings and throughout the disease course. They are intended for professional care providers who work with individuals living with dementia and their families in residential and community-based care settings. The Practice Recommendations are published as a February 2018 supplement to *The Gerontologist*.