## Safety Concern Screening and Follow-up for Patients with Dementia

### Measure Description

Percentage of patients with dementia or their caregiver(s) for whom there was a documented safety screening * in two domains of risk: 1) dangerousness to self or others and 2) environmental risks; and if screening was positive in the last 12 months, there was documentation of mitigation recommendations, including but not limited to referral to other resources.

### Measure Components

#### Numerator Statement

Patients with dementia or their caregiver(s) for whom there was a documented safety screening * in two domains of risk: 1) dangerousness to self or others and 2) environmental risks; and if screening was positive in the last 12 months, there was documentation of mitigation recommendations, including but not limited to referral to other resources.

The following is a non-exhaustive list of safety concerns in the two domains pertinent to this measure. To meet measure requirements a patient’s medical record must have documentation of being screened on at least one concern from each of the two domains.

**Dangerousness to self (patient) or others (caregivers and other individuals)**

- Medication misuse
- Physical aggressiveness
- Wandering, including addressing precautions that may include physical measures (e.g., locks, fences or hedges), video surveillance, GPS monitoring and Safe Return programs, personal companions, schedule modifications (e.g., adult day care and day programs), rehabilitative measures, and risk mitigation strategies
- Inability to respond rapidly to crisis/household emergencies
- Financial mismanagement, including being involved in “scams”
- Other concerns raised by patient or their caregiver

**Environmental risks**

- Home safety risks that could arise from cooking or smoking
- Access to firearms or other weapons
- Access to potentially dangerous chemicals and other materials
- Access to and operation of tools and equipment
- Trip hazards in the home increasing the risk of falling
- Other concerns raised by patient or their caregiver

#### Denominator Statement

All patients with dementia. Diagnostic codes listed in Appendix A.

#### Denominator Exceptions

Patient unable to communicate and informant not available.

#### Exception Justification

Patient or informant must be able to provide information for counseling on this issue to be valid.

#### Supporting Guideline & Other References

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:
“Recommended assessments include evaluation of suicidality, dangerousness to self and others, and the potential for aggression, as well as evaluation of living conditions, safety of the environment, adequacy of supervision, and evidence of neglect or abuse (Category I). Important safety issues in the management of patients with dementia include interventions to decrease the hazards of wandering and recommendations concerning activities such as cooking, driving, hunting, and the operation of hazardous equipment. Caregivers should be referred to available books [and other materials] that provide advice and guidance about maximizing the safety of the environment for patients with dementia…As patients become more impaired, they are likely to require more supervision to remain safe, and safety issues should be addressed as part of every evaluation. Families should be advised about the possibility of accidents due to forgetfulness (e.g., fires while cooking), of difficulties coping with household emergencies, and of the possibility of wandering. Family members should also be advised to determine whether the patient is handling finances appropriately and to consider taking over the paying of bills and other responsibilities. At this stage of the disease [i.e., moderately impaired patients], nearly all patients should not drive.” (1)

### For mild to moderate Alzheimer's disease

- “Assess for safety risks (e.g., driving, financial management, medication management, home safety risks that could arise from cooking or smoking, potentially dangerous behaviours such as wandering)” (2)

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<tr>
<th>Relationship to Desired Outcome</th>
<th>Reducing injuries, including those associated with falls, accidents, and aggression are desired outcomes. These are devastating complications of dementia that have serious adverse impact on the quality of life of patients and caregivers. It is possible to reduce the risk of these outcomes by means of simple preventive measures. Opportunities for these preventive measures may be overlooked by health care providers if they don’t screen for safety risks with specific attention to discrete domains of risk.</th>
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<tr>
<td>Opportunity for Improvement</td>
<td>Screening for safety concerns has been identified as a major unmet need of persons with dementia (3). Caregivers may be caught unprepared and unaware of the unpredictability of patients with dementia. Numerous Internet resources are available to help guide and support family and other informal caregivers. Local organizations, such as senior centers, may have adult day care programs that offer socialization opportunities for the patient and a chance to participate in planned and supervised activities designed to promote well-being, such as music and exercise. Support groups for caregivers and patients alike may be offered at senior centers, providing opportunities for each to develop a mutual support system. Some respite for caregivers may be found through these resources; longer term respite services may be available at local nursing homes to provide caregivers with a temporary rest from caregiving, while the person with dementia continues to receive care in a safe environment. A health care provider who is familiar with the scope of challenges that can confront patients and caregivers and is able to provide guidance to supportive resources that reinforce safety is a valuable resource.</td>
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<th>National Quality Strategy Domains</th>
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<tr>
<td>☐ Patient and Family Engagement</td>
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<td>☒ Patient Safety</td>
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The work group recommends that all individuals with dementia be screened for abuse and violence, but recognized that previously developed measures exist to address this need. The work group recommends that providers, practices, and systems consider implementing the previously developed Elder Maltreatment Screen and Follow-up Plan Measure (PQRS Measure #181.)

| Measure Purpose (Check all that apply) | ☒ Quality improvement  
| ☒ Accountability |
| Type of Measure (Check all that apply) | ☒ Process  
| ☐ Outcome  
| ☐ Structure |
| Level of Measurement (Check all that apply) | ☒ Individual Provider  
| ☒ Practice  
| ☒ System |
| Care Setting (Check all that apply) | ☒ Outpatient  
| ☒ Inpatient  
| ☒ Emergency Departments and Urgent Care  
| ☒ Post-Acute Care (i.e., Long Term Care Hospitals, Skilled Nursing Facilities, Inpatient Rehabilitation Facilities, and Home Health Agencies) |
| Data Source (Check all that apply) | ☒ Electronic health record (EHR) data  
| ☐ Administrative Data/Claims  
| ☐ Chart Review  
| ☒ Registry |

References