

# **BEST PRACTICES COMMITTEE**

## Overview

The industry's Best Practices committee core mission is to serve as a creator and advocate of specific initiatives focused towards measurable improvements in resident outcomes. The members review, develop, and endorse general "best practices", that will be distributed to nursing facilities.

The committee is composed of members from profit and non-profit sectors, clinicians with long term care/geriatrician, regulatory, and/or education backgrounds. The members of the committee include representatives from Texas Health Care Association, Texas Department of Human Services, Texas Association for Homes and Services for the Aging, Texas Nurse's Association, Texas Medical Directors Association, and Alzheimer's Association. All members are equal partners focused on improving resident outcomes in the long term care setting.

## Key Points

Implementing a Best Practice requires commitment from facility leadership and involvement of all clinical and non-clinical facility staff. Best Practices are successful when there is effective communication to facilitate an interdisciplinary approach among the attending physician, the staff, resident, family and facility consultants. Prompt identification of problem areas or potential problems, facilitates implementation of best practices approaches. Facility staff and family members must be educated regarding what is the goal and benefits for the resident and the staff when implementing a best practice.

Prior to implementing a best practice the facility leadership and staff must identify and address any barriers or potential barriers. The staff, facility consultants, the medical director(s), attending physicians and nurse practitioners should review the practice and sign off on its use. This includes the use of any of the tools recommended within a practice. The facility via a QI or QA committee will need to monitor and reevaluate the effectiveness of a best practice and its tools.

Monitoring and evaluation of a practice can occur through review of the MDS quality indicator and resident summary data, through resident, family and staff Q&A survey, or through other facility committees (skin, weight, falls, etc.), and through state survey.