	NADSA Service Delivery Outcomes of Interest Population: Older adults and persons with dementia	Core	Optional	Level 1	Level 2	Level 3	Level 4	Measure	Outcome/Indicator Goal	Tool	Level and Method	Frequency
	Health Domain											
Indicators	Falls Rate	x		x	x	x	x	1) Number of falls at the center compared to 12 months prior 2) Reduce number of falls in the home	Reduce falls Reduce falls	1) Tineti or 2) Get Up and Go	**Individual:** Assess fall risk of individuals using selected tool **Aggregate:** Count the number of falls at the center monthly for 12 months; compare to 12 months prior	Individual: Every 6 months until identified as fall risk,, then monthly Aggregate: Monthly
	Nutrition Risk		x		x	x	x	1) Measure/monitor of food consumption 2) Measure/monitor weight loss/gain	Identify participants at risk of poor nutrition	1) TOPS Nutrition Risk tool or 2) NEED AN ALTERNATE PUBLIC DOMAIN TOOL	**Individual:** Assess nutrition risk using selected tool **Aggregate:** Count the number of individuals at risk of	On admission

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								malnutrition monthly for 12 months; compare to 12 months prior	
Medications	x		x	x	1) Number of prescribed medications; 2) Number of prescribed psychotropic medications	1) Meds reconcilation 2) Reduced psychotropics	NEED TO CREATE A WORKSHEET?	**Individual:** Count the number of medications in each of the two categories; note and report discrepancies and concerns	Initially and every 3 or 6 months
Urinary Tract Infections	x		x	x	Number of UTIs compared to 12 months prior	Reduce UTIs	NEED TO CREATE A WORKSHEET?	**Individual:** Assess/monitor UTIs using selected tool; note and report discrepancies and concerns to MD **Aggregate:** Count the number of UTIs monthly for 12 months,	Monthly

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								compare to 12 months prior	
Blood Pressure	x		x	x	Measure/monitor blood pressure	Blood pressure-maintain WNL	Blood pressure screen NEED TO CREATE A WORKSHEET?	**Individual:** Conduct blood pressure screen; note and report discrepancies and concerns to MD	On admission and monthly
Blood Sugar/Hb1Ac		x		x	Measure/monitor blood sugar/HbA1c	Blood sugar-maintain WNL	Health screen NEED TO CREATE A WORKSHEET?	**Individual:** Health screening of individuals at risk of diabetes; compare most recent lab results with prior results	Blood sugar: On admission and per MD order Hb1Ac: Each time a lab test is conducted
Pain	x			x	Assess/monitor pain	Reduce pain	1) TOPS Pain Scale (Revised from Wong, Hockenberry-Eaton, Wilson, Winkelstei	**Individual:** Assess/monitor pain using selected tool; note and report discrepancies and concerns to MD	Monthly

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						n, & Schwartz [2001]) or2) PAINAD (Warden, Hurley, Volicer, 2003) or3) Serial Trial Intervention (Kovach et al., 2006)		
BMI		x	x	Body Mass Index (CMS recommended core measure)	Maintain BMI within 10% +/- deviation	Calculate BMI NEED TO CREATE A WORKSHEET?	**Individual:** Calculate from hieght and weight data gathered at the center; note and report discrepancies and concerns to MD	Annually, or per care plan
Subtotals	**5**	**3**						

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	Emotional/Cognitive Domain	Core	Optional	Level 1	Level 2	Level 3	Level 4					
Indicators	Depression	x		x	x	x	x	Assess/monitor depression on admission and annually	Reduce depression	1) Geriatric Depression Scale (need reference) or 2) TOPS GDS (Adapted from Sheikh & Yesavage, 1986) or 3) For younger adults, the Glasgow Tool (Cuthill, Espie, & Cooper, 2003) 4) Evergreen tool (adapted from Iowa	**Individual:** Assess/monitor depression using selected tool; note and report discrepancies and concerns to MD **Aggregate:** Count and compile data monthly re: the number of individuals who are depressed or are at risk for depression; compare to 6 months prior	Every 6 months or acuity of score dictates follow-up

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								tool-JVB will advise)		
Cognition	x		x	x	x	Assess/monitor cognitive function on admission and annually	Monitor cognitive function	1) Short Portable Mental Status Questionnaire (SPMSQ) or 2) Blessed Orientation-Memory-Concentration Test (need full reference)	**Individual:** Assess/monitor level of cognition using selected tool; note and report discrepancies and concerns to MD **Aggregate:** Count the number of individuals whose cognition levels are below normal range monthly for 6 months; compare to 6 months prior	On admission and every 6 months thereafter

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Quality of Life (QOL)	x		x	x	Assess/monitor quality of life	Increase quality of life	1) Dementia Quality of Life (DQoL) Self-Esteem Sub-Scale Revised from Brod, Stewart, Sands, & Walton (1999) or2) Alz Dementia Expanded (adapted from Logsdon, 1996) or3) AD Expanded Proxy Version (adapted from Logsdon, 1996)	**Individual:** Assess/monitor quality of life using selected tool; note and report discrepancies and concerns to MD	On admission and every 6 months thereafter

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Loneliness and Social Isolation	x			x	x	Assess/monitor loneliness and social isolation	Reduce loneliness and social isolation	Revised R-UCLA Loneliness Scale (Adapted from Russell, 1996)	**Individual:** Assess/monitor loneliness and social isolation using tool; note and report discrepancies and concerns to MD	On admission and every 6 months thereafter
Self-Perceived Health		x			x	Assess/monitor self-perceived health	Monitor self-perceived health	1) PAM tool (CAADS proprietary-share pending) or 2) Easter Seals Subjective Health Question (unpublished-share pending) or 3) Stanford Self-Rated Health Measure	**Individual:** Assess/monitor self-perceived health using selected tool; note and report discrepancies and concerns to MD	On admission and every 6 months thereafter

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	Substance abuse screening **		x	x	Identify individuals at risk of substance abuse	Identify individuals at risk of substance abuse	1) CAGE-AID Tool (need reference) or 2) NEED ALTERNATIVE PUBLIC DOMAIN TOOL (Lorig et al., 1996) LDG SUGGESTION	**Individual:** Screen individuals for substance abuse risk using selected tool; note and report discrepancies and concerns to MD	On admission
	Subtotals	**4**	**2**						

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	Person-Centered Domain	Core	Optional	Level 1	Level 2	Level 3	Level 4					
Indicators	Participant satisfaction	x		x	x	x	x	Assess/monitor participant satisfaction	Increase participant program satisfaction	1) Participant and caregiver survey (Jarrott, need full reference) or 2) TOPS satisfaction tool (CAADS proprietary-share pending)	**Individual:** Assess individual satisfaction with program using selected tool; monitor and resolve discrepancies **Aggregate:** Assess participant satisfaction with program scores monthly for 12 months; calculate % satisfied as proportion of participant population; compare to 12 months prior	Every 12 months

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Assistance with ADLs (activities of daily living)	x		x	x	x	Assess/monitor assistance with ADLs	Maintain or improve ADLs	1) Independence in ADLs assessment (Katz et al, 1970) or 2) CA state ADL Assessment Form 0020 (need reference)	**Individual:** Assess individual need for assistance with ADLs using selected tool; monitor and report discrepancies and concerns to MD **Aggregate:** Assess participants' need for assistance with ADLs scores monthly for 6 months; calculate % of participant population with need of assistance; compare to 6 months prior	On admission and every 6 months thereafter

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Assistance with IADLs (instrumental activities of daily living)	x		x	x	Assess/monitor assistance with IADLs	Maintain or improve IADLs	1) Lawton Instrumental Activities of Daily Living Scale (Lawton & Brody, 1969) or 2) CA state form 0020 (need reference)	**Individual:** Assess individual need for assistance with IADLs using selected tool; monitor and report discrepancies and concerns to MD **Aggregate:** Assess participants' need for assistance with IADLs scores monthly for 6 months; calculate % of participant population with need of assistance; compare to 6 months prior	On admission and every 6 months thereafter

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Involvement of participants in developing their own care plan	x		x	Assess/monitor participant involvement in care planning	Increase participant involvement with individual care planning and obtain agreement with respect to mutually established goals	Count number of participants who are involved in their own individual care planning. (NEED TO ENSURE CARE PLANS HAVE A PLACE FOR PARTICIPANTS TO SIGN AS INDICATION OF INVOLVEMENT) NEED TO CREATE A WORKSHEET?	**Individual:** Assess individual participant's participation in care planning as evidenced by an individual's signature on her/his individual care plan **Aggregate**: Assess participants' participation in care planning as evidenced by individuals signatures on care plans monthly for 6 months; calculate % of participant population who participate in planning;	Every 6 months

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							compare to 6 months prior	
Person-centered activities (names on the activity calendar)	x		x	Assess/monitor person-centeredness of programmed activities	Increase number of person-centered activities	Count of number of participants' names on activity calendar in conjunction with person-centered activities. NEED TO CREATE A WORKSHEET?	**Individual:** Assess calendars for evidence of individual participant's name **Aggregate:** Assess articipants' names on calendar monthly for 12 months; calculate % of activities listed on calendar with participant names as proportion of total activities on calendar;	Monthly

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							compare with 12 months prior	
Engagement of participants **	x		x	Assess participant engagement	Increase participant engagement	1) Individual: Dementia Care Mapping (Bradford Dementia Group, 1997) 2) Aggregate: Quality of Interactions Schedule (QUIS) (Dean et al., 1993; Proctor et al., 1998) (adapted by Geboy & Meyer-	**Individual:** Assess individual well-being according to DCM method **Aggregate:** Using QUIS, assess engagement among participants in program areas (not personal care or health/wellness areas); calculate % of engagement as a proportion of total participant population;	Every 6 months or during specified activities

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						Arnold, 2011)	compile data monthly re: engagement; compare to 6 months prior	
Activities led by participants **		x		x	Assess number of activities led or co-led by participants	Increase number of activities led or co-led by participants	NEED TO CREATE A WORKSHEET?	**Aggregate:** Count of number of instances in which participants lead person-centered activities monthly for 6 months; calculate % of participant-led activities as a proportion of total activities; complie data re: activities led by participants; compare to 6 months prior	Every 6 months or during specified activities
Subtotals	**5**	**2**							

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	Caregiver Domain	Core	Optional	Level 1	Level 2	Level 3	Level 4					
Indicators	Care burden	x		x	x	x	x	Assess/monitor caregiver stress	Reduce caregiver stress	1) Zarit Burden Interview Revised (Zarit, S.H. Reever, K.E. & Bach-Peterson, J., 1980) or 2) Appraisals of Primary Stressors (Pearlin, et al, 1990) 3) Evergreen tool (adapted from Tcare (Montgomery, 2006))	**Individual:** Assess individual care burden using selected tool; monitor and report discrepancies and concerns to caregiver **Aggregate:** Assess caregiver burden scores monthly for 12 months; compare average/media/mode scores to 12 months prior	On admission and every 12 months thereafter

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Quality of life	x		x	x	x	Assess/monitor quality of life	Increase caregiver quality of life	1) TOPS Designed Caregiver Needs Asssessment (proprietary, share pending) or 2) Brod measure of quality of life (need accurate reference)	**Individual:** Assess individual caregiver QOL using selected tool; note and report discrepancies to caregiver **Aggregate:** Assess caregiver QOL scores monthly for 12 months; compare average/media/mode scores to 12 months prior	On admission and every 12 months thereafter
Caregiver satisfaction	x			x	x	Assess/monitor caregiver satisfaction	Increase caregiver program satisfaction	1) TOPS designed tool (proprietary, share pending) (need accurate reference) or 2) Single	**Individual:** Assess individual caregiver satisfaction with program using selected tool; monitor and resolve discrepancies to caregiver	Every 12 months

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	item: If adult day care were no longer available, what changes would you have to make in your life? (Jarrott & Zarit, need accurate reference) or 3) SIngle item: Would you recomme nd this program to others?	**Aggregate:** Assess caregiver satisfaction with program scores monthly for 12 months; calculate % satisfied as proportion of caregiver population; compare to 12 months prior

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Caregiver job retention **	x		x	Assess/monitor caregivers' job retention	Increase caregiver job retention rate	1) TOPS Caregiver Needs Assessment tool (proprietary, share pending) or 2) NEED ALTERNATIVE PUBLIC DOMAIN TOOL	**Individual:** Assess individual caregiver ability to continue to work (or volunteer) using selected tool; monitor and resolve discrepancies to caregiver **Aggregate:** Assess caregiver job retention rate monthly for 12 months; calculate % satisfied as proportion of caregiver population; compare to 12 months prior	Every 12 months
Subtotals	**4**	**0**						

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	System Domain	Core	Optional	Level 1	Level 2	Level 3	Level 4					
Indicators	Attendance	x		x	x	x	x	Assess/monitor daily/monthly/annual census	Increase ratio of actual attending to scheduled participants	Attendance record NEED TO CREATE A WORKSHEET?	**Individual:** Record individual attendance daily; monitor and resolve actual/scheduled discrepancies with caregiver **Aggregate:** Record attendance data of all scheduled participants monthly for 12 months; calculate ratio of actual to scheduled attendance; compare to 1 month prior	Monthly

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30-day readmission	x		x	x	x	x	Assess/monitor 30-day readmissions	Prevent 30-day readmissions of same condition	Count number of 30-day readmissions following hospital visits NEED TO CREATE A WORKSHEET?	**Individual:** Record individual hospital visits monthly; record subsequent hospital visits within 30 days for same condition; monitor and report discrepancies and concerns to MD **Aggregate:** Record participant hospital visits and subsequent hospital visits within 30 days for same condition monthly for 12 months; compare to 12 months prior	Monthly

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Nursing facility admissions	x		x	x	x	Assess/monitor nursing facility admissions	Reduce nursing facility admissions to reduce population costs	Count number of nursing facility admissions NEED TO CREATE A WORKSHEET?	**Aggregate:** Record participant nursing home admissions monthly for 12 months; compare to 12 months prior	Monthly
Emergency department visits	x			x	x	Assess/monitor ED visits	Reduce ED visits to reduce population costs	Count number of ED visits monthly NEED TO CREATE A WORKSHEET?	**Individual:** Record individual participant ED visits monthly; record subsequent ED visits within 30 days for same condition; monitor and report discrepancies and concerns to MD **Aggregate:** Record participant nursing home admissions monthly for 12	Monthly

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							months; compare to 12 months prior	
Hospitalizations and admitting condition **	x		x	Assess/monitor hospitalizations and admitting conditions	Reduce unnecessary hospitalizations to reduce population costs	Count number of hopsitalizations by admitting condition monthly NEED TO CREATE A WORKSHEET?	**Individual:** Record individual participant ED visits monthly; record subsequent ED visits within 30 days for same condition; monitor and report discrepancies and concerns to MD **Aggregate:** Record participant nursing home admissions monthly for 12 months;	After each hospitalization

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					compare to 12 months prior	
Staff interactions **	x	x	Assess staff interactions with participants	1) Aggregate: Quality of Interactions Schedule (QUIS) (Dean et al., 1993; Proctor et al., 1998) (adapted by Geboy & Meyer-Arnold, 2011)	**Aggregate**: Using QUIS, assess interactions of staff with participants in program areas (not personal care or health/wellness areas); calculate % of interactions as a proportion of total staff population; compile data re: interactions monthly for 12 months; compare to 12 months prior	Every 12 months or during specified activities
Subtotals	**5**	**1**				

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Levels	**1**	**2**	**3**	**4**
Subtotals	**6**	**11**	**19**	**31**

* Survey results: % of survey respondents (N = 27) who agree this indicator should be included in the recommended set of indicators

Indicators listed in order of % respondent agreement (unless noted).

** These indicators fall below a threshold of > 70% support from survey respondents (LDG suggested threshold).

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