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Embracing Person Centered Care While Addressing Regulations and Achieving 5-Star Quality Rating

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- **Ginny Johnson:** Nursing Home Administrator at Mennonite Home Communities with over 35 years of experience in Healthcare and Senior Living. VOICE Board Member.
- **Ken Beiler:** Executive Director at Wesley Enhanced Living at Stapeley and current Board Member and founding member of VOICE

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- Five Star Rating
  - Health Inspections
  - Staffing
  - Quality Measures

For this session, our focus will be on components of Resident Rights and Care planning

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What do the regulations say about Person-Centered Care?

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- Person Centered Care
  - ***"Person-centered care. For purposes of this subpart, person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives."***

    From the CMS Requirements of Participation

    September 28, 2016

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- Regulations
  - Dignity: F550 (formally 241)
    - " A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality."
  - Quality of Care: F675 (formally 309)
    - "Facility …must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being."

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- Regulations
  - Comprehensive Care Plans: F656 (formally 279)
    - "The facility must develop and implement a comprehensive, person-centered care plan for each resident that is consistent with the resident rights."
  - Resident Rights: F550(formally151)
    - "Resident Rights The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, …"

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- **Comprehensive Person-Centered Care Planning (§483.21)**
- "To the extent practicable, the IDT must include the participation of the resident and the resident representative"
- "The Comprehensive Care Plan is a more detailed and exhaustive plan of care for each resident that is ***Person-Centered*** and includes a resident's needs strengths, and ***preferences."***

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- **Comprehensive Person-Centered Care Planning (§483.21) cont:**
- "A Comprehensive ***Person-Centered*** care plan should be developed for ***all residents*** regardless of length of stay."
- "Requires that the resident and/or their resident representative participate on the IDT that develops their care plan." Therefore, the ***resident*** and/or their representative ***have the right to participate in the creation or revision of their care plan***."

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- The goal of care planning to help residents live their highest quality of life - no matter their interests, background, life stories strengths, weaknesses, and abilities.
- For care planning to support the optimal wellness of the Resident, it needs to establish engagement opportunities that match realistic goals for each individual. Measuring outcomes, whether they are positive or negative, is important to evaluate the quality of care provided. It can help optimize what is offered to better answer the needs of each individual.

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Base-line care plan

- Decision Making
- Involvement
- Ability

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Base-line care plan cont.

Life Histories:

- Information that is **FROM THE PAST** – prior to entrance into their new community:
  - Includes information to give an overview of the whole life of the person.
  - **WHAT the PERSON HAS EXPERIENCED** during their life time.

- Information that can be used in helping the **PERSON MAXIMIZE SUCCESS**:
  - Becomes the basis for the initial comprehensive assessment and planning process.
  - Facilitates positive adjustment to the program/community.
  - Provides pertinent information for use **LATER** (especially if the person develops or has Alzheimer's disease or related dementia)

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"I" care plans

An "I" Care Plan Should…

- Identify the person's interests, preferences, abilities, issues, concerns, strengths, or needs affecting their ability to engage in life enrichment pursuits they prefer
- Involve the person in its development
- Account for continuation of life roles consistent with the person's strengths and preferences

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"I" care plans

The "I" Care Plan Should Also…

- Incorporate necessary adaptations in order to facilitate participation of the person at their highest practicable level of participation
- Identify how the community will provide life enrichment pursuits to assist the person in meeting their goals as well as who is responsible to implement the plan
- Include goals based on measurable objectives and desired outcomes

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"I" care plans

How Person Centered Care Planning Affects Approaches

- Generic approaches don't fit into the Person Centered Culture Change mind set (ie. …provide diversional activities, redirect, allow to vent feelings, etc. are non person specific approaches)

- Approaches are individualized based on what we know of the person's history, preferences, functional abilities, and strengths

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Traditional Care Plan

- Problem: Non compliant with 1800 cal ADA diet
- Goal: Resident will eat only foods approved in the ordered diet
- Interventions:
  - Permit resident to only consume approved food items on diet list
  - Notify physician if resident is noncompliant with diet orders
  - Follow meal ticket food items, do not offer alternatives

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I Care Plan

- **Needs:** I have diabetes and take insulin. I am aware of recommended dietary restrictions and I choose to exercise my right to eat what I enjoy.
- **Goal:** I will enjoy moderate foods of my choice
- **Approaches:** Ask me prior to each meal what I would like. Honor my requests. Daily arguments about food will anger me. Check my blood sugar and administer my insulin as ordered

Traditional Care Plan:

- **Problem: Wanders on unit and rummages in other resident's personal items**
- **Goal: Resident will not wander or rummage in other resident rooms**
- **Interventions:**
  - Remove resident when in other resident's rooms
  - Redirect resident when she appears to be wandering
  - Provide diversional activities when found rummaging in other resident 's personal items

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I Care Plan

- **Needs:** Sometimes I feel alone and I forget who you are. I like to walk.
- **Goal:** At home I walked with my dog Joey. Please walk with me. I enjoy walking frequently
- **Approaches:** I like looking at and wearing jewelry. I like to rearrange it in my drawers. Please remind me that my jewelry chest is in my dresser.

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Supporting Person-Centered Care Planning – reconciling regulations and culture change

Resources

- http://www.voicepa.org/

Resources

Preferences for Everyday Living Inventory (PELI)

https://www.abramsoncenter.org/media/1200/peli-nh-full.pdf

https://preferencebasedliving.com/tip_sheets

- **View our recorded webinar Integrating Preferences into the Care Planning Process (September 28, 2017) here.**

Resources

- Pioneer Network:
- https://www.pioneernetwork.net/wp-content/uploads/2016/10/Process-for-Care-Planning-for-Resident-Choice-.pdf
- 33-page, free, downloadable PDF on the process of I care planning
- https://www.pioneernetwork.net/resource-library/

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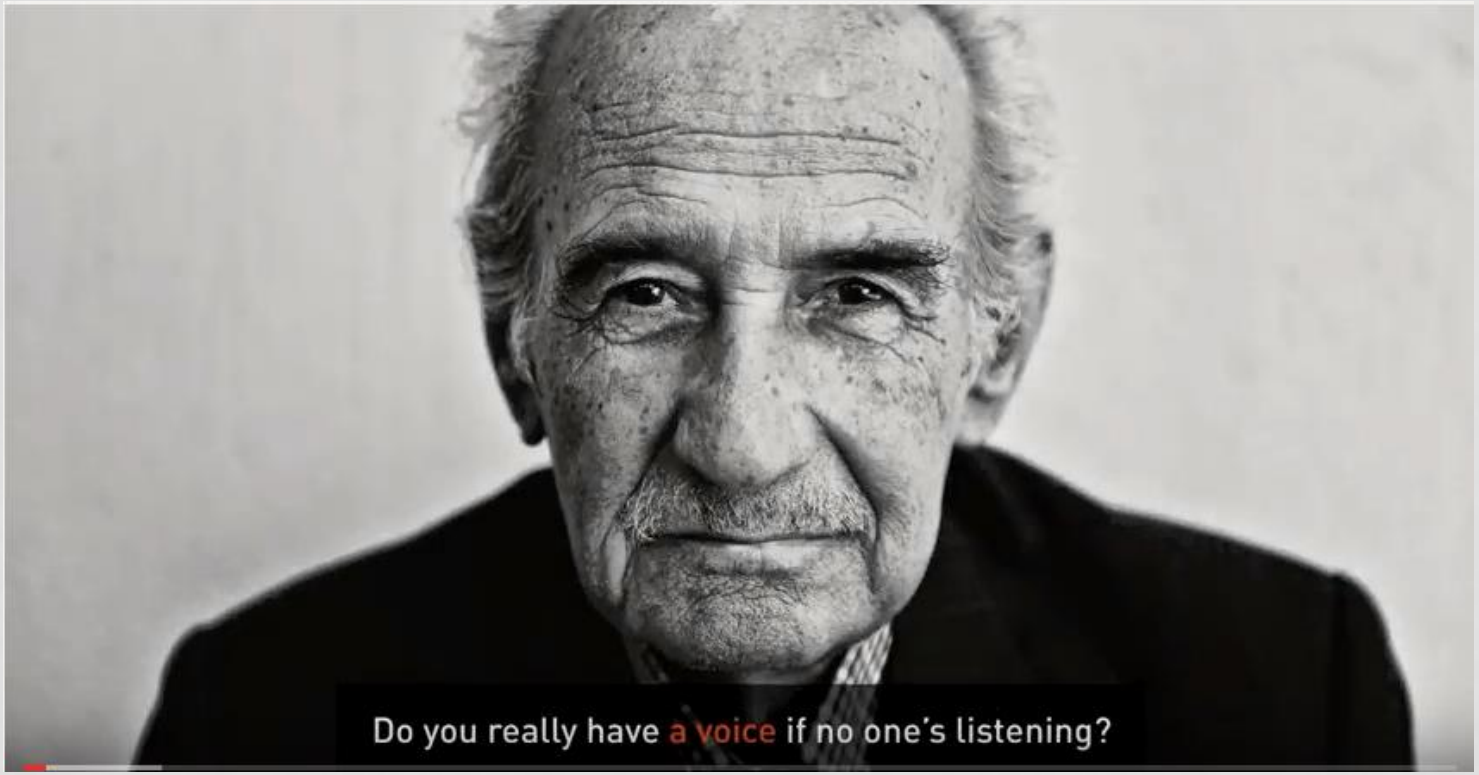

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Questions?

Thank-You

For Participating