"PERSON-CENTERED CARE"

RELATIONSHIPS AMONG STAFF, RESIDENTS AND FAMILIES ARE AT THE HEART OF PERSON CENTERED CARE
Individual Relationship based philosophy: values, respect, autonomy, dignity, choice, independence and privacy.
President/CEO Diversified Health Partners, Century Oak Rehabilitation Center, Shelly’s previous roles have included Chief Operations Officer for twenty+ nursing facilities and several assisted living facilities overseeing all aspects of operations. Shelly began her career in post-acute care as a Regional Human Resource Manager for a HCR/Manor Care and moved into operations as an LNHA for nursing homes and assisted living quickly. She then proceeded to work within non-profit, private, and in for profit large/mid-size corporations including University Hospitals System, Kindred, and Montefiore.

She has a track record of success and currently serves in state and national capacities for consultation within her own consulting firm started in 2009. Her clients have included hospitals, CEO’s, private equity companies, technology companies, law firms, and national ancillary support companies for healthcare at all levels of senior living.

She is the President for the Ohio Person Centered Care Coalition created under Governor Kasich and Transformational Change, an active committee member of Ohio Health Care Association (Human Resources, Reimbursement and Quality), Leading Age Ohio, National Pioneer Network Legislative Committee member and Representative for Ohio, AHCA and National Transition of Care member.

She is a certified trainer and speaks professionally for McKnight’s Long Term Care, American Medical Directors Association, OHCA, Leading Age, American College of Health Care Administrators, and many more associations.
**LEARNING OBJECTIVES**

- Person-Centered Care History
  - Definition, terminology
    - Life enrichment, Community Life
  - Principles
- Patient and Family Engagement—all part of the equation!
- 5 NAB Domains of PCC with Examples
- Components of Culture Change
  - Dining Examples
- Review of SOM Tags Affecting Life Enrichment/Activities
- Use of the PELI Tool-PAL cards
FINAL RULE – PART 483 – REQUIREMENTS FOR STATES AND LONG-TERM CARE FACILITIES

• §483.5 Definitions – 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.
JUST THE FACTS…

Less staff for the aging boomer population numbers growing

Less time

Less resources

Higher acuity, more medications

Higher quality expectations

More scrutiny from third party review

More engaged family members

Better educated consumer

Aging physical plants
WHERE ARE WE HEADED?

In 2011, the first Baby Boomers reached age 65. By 2030, 72 million people will be aged 65 or over. They will be looking at your senior living as an option!
NURSING HOMES SEE INCREASED POPULATION OF YOUNGER RESIDENTS

5 IN 10 of the under 65 group have a diagnosis of severe mental illness.

11TH Ohio’s rank in the U.S. proportion of Medicaid residents under age 65 staying in nursing home for 100 or more days (2015)

1 IN 5 Ohio long-stay Medicaid nursing home residents are under age 65.

The proportion of Ohio’s under 65 Medicaid population that had a diagnosis of severe mental illness increased from 42.8% to 47.5%, a 4.7 percentage point increase, between 2011 and 2015.
PERSON CENTERED CARE MOVEMENT
WHERE DID WE BEGIN?

The Institutionalized Model

- Medical Model
- System-Centered
- Custodial Care
- Conformity
- Task-Oriented
WHAT IS PERSON CENTERED CARE?

“Person centered care focuses on both quality of life and quality of care with the goal of optimizing resident well-being. Relationships among staff, residents and families are at the heart of person centered care.”

NAB Study Guide
HOW DID THIS ALL BEGIN?
ORIGINS OF PERSON-CENTERED CARE IN ASSISTED LIVING

- Homes for the aged” have been around since late 1800’s
- Long term residential care have included campus style communities, adult foster homes, larger adult group housing with coordinated services through the 1980’s.
- New term “assisted living” began in 80’s through 90’s, with very fast development nationally. “resident centered care” terminology developed.
- Core concepts developed in the assisted living model which were alternatives to long term care: individual living spaces, less medical oriented package of services, and overarching philosophical orientation with values (privacy, individuality, choice, dignity, independence and resident environment).
- 1987 OBRA! “person-centered care” transformers began.
- Early 1990’s The Pioneer Network began.
- Late 2000’s Pioneer Network broadened to all long LTC
- 2017 begins the implementation of person centered care in federal and state regulations.
WORDS ARE IMPORTANT…

CHOICE

Family and Individual Decisions Together

Community
TERMINOLOGY YOU MAY HEAR:

- Patient-centered care
- Person-centered thinking
- Resident-centered care
- Resident-directed care
- Patient-directed care
- Relationship-centered care
- Person-centered care**** most widely used
Future projections should take into account new configurations of person-centered practice that optimize contributions from a variety of professionals, and create the greatest access, quality, and value.
Each encounter involves considerations on the part of the older adult and the healthcare provider(s) that respond to and bring the greatest value. This examines the question of scope of practice from a broad perspective of what is needed and what is possible, with the goal of identifying the right person at the right time to provide high-value, high-quality, person-centered care for older adults.
As older adults experience their health, it is not compartmentalized by specialty or setting, nor organized by body system or payer. At the core, older adults and their families want compassionate, respectful, high-quality care, and expect clear and appropriate communication as they navigate the system and their health—including the physical, psychosocial, functional, and spiritual aspects.
Person-centered care is being gradually implemented throughout U.S. nursing homes, although progress has been slow and much more work still needs to be done, a paper published in the latest issue of Generations argues.

“Many barriers continue to impede the role of the nurse in person-directed care.

“Without appropriate training, new person-directed practices, such as natural wake-up times and choices around dining, may be viewed by nurses simply as a new way to complete a care task, rather than a significant shift of power and influence to the residents,” they continue.

The paper is part of the Spring 2016 issue of Generations, the official journal of the American Society on Aging.
1. Include Patients/Consumers As Partners In Decision-Making At All Levels Of Care
   - Are patients/consumers included as integral partners in all aspects of health care decision-making at every level, from system-level reform and design to point-of-care decisions?

2. Deliver Person-Centered Care
   - Are patients/consumers and those who support them at the center of the care team?

3. Design Alternative Payment Models (APMs) That Benefit Consumers
   - Do APMs achieve cost-saving only through improvements in health and health care and do they ensure beneficiary rights and protections?

4. Drive Continuous Quality Improvement
   - Do the health care transformation policies and practices generate meaningful feedback and information; do they drive continuous quality improvement?

5. Accelerate Use Of Person-Centered Health Information Technology
   - Do alternative payment and care delivery models accelerate the effective use of person-centered health information technology (Health IT)? Do they enable people to better participate in their care and manage their health?

6. Promote Health Equity For All
   - Does the health care delivery system and payment reform model promote health equity and seek to reduce disparities in access to care and in health outcomes for all?
"Patient Engagement is the Blockbuster Drug of the Century"

The insight of the year goes to Leonard Kish, a health IT strategy consultant, for making that statement regarding patient engagement. The corollary to this statement is a game changer: What happens when effective patient
MUSIC AND MEMORY

https://musicandmemory.org/
IPOD’S USED TO BRING JOY!

The Therapeutic Benefits of Personalized Music

Henry’s remarkable re-awakening is not unique. In hundreds of MUSIC & MEMORY℠ Certified Care Organizations throughout the U.S. and Canada, we’ve helped thousands of individuals struggling from dementia and other chronic cognitive and physical impairments reconnect with family, friends and caregivers through our personalized digital music program.

Our ongoing research and evaluation of Music & Memory’s work in care organizations shows consistent results:

• Participants are happier and more social.
• Relationships among staff, participants and family deepen.
• Everyone benefits from a calmer, more supportive social environment.
• Staff regain valuable time previously lost to behavior management issues.
• There is growing evidence that a personalized music program gives professionals one more tool in their effort to reduce reliance on anti-psychotic medications.
TECHNOLOGY!
WHICH TECHNOLOGIES ARE YOU CONSIDERING USING IN THE FUTURE THAT YOU HAVEN’T YET IMPLEMENTED? (CHECK ALL THAT APPLY)

- Tablets for patient use in rooms and common areas
- Interactive patient care systems at the bedside to order meals,
- Educational videos on treatment, etc.
- Patient portals to access records, view lab results, schedule appointments, etc.
- Telemedicine/video chat with clinicians
- Other
• Today we have barely touched the tip if the iceberg in technology available to us!

• It is a very exciting time to embrace change as we continue to strive to improve quality in our operations for the people we serve and identify new ways to inspire staff to work in our organizations.
ACTIVITY PROGRAM MANAGEMENT

- Also use of technology to track activity attendance is available!

- Calendars, assessment tracking and more.
PERSON CENTERED CARE THROUGH NAB
5 NAB DOMAINS

- Client/Resident Service Management
- Human Resource Management
- Leadership and Governance
- Physical Environment Management
NAB DOMAIN: CLIENT/RESIDENT SERVICES MANAGEMENT

• PCC Structural Element
  • PCC Services
  • PCC Engagement

NAB Definition-A key concept in resident services provision in resident care/assisted living/nursing home is person centered care. The way care is provided and how the individual wants to be cared for serve as direct reflections of the senior living philosophy in action and ensure that the resident has control of his or her life.

Relationship based philosophy: values, respect, autonomy, dignity, choice, independence and privacy.
EXAMPLES OF CLIENT RESIDENT SERVICES

• Know if a resident likes to fold their own laundry.-give them the opportunity to perform the task.

• Only give medications in the residents preferred location-not default in the dining room.

• Accommodate for late breakfast beyond dining times.
NAB DOMAIN: HUMAN RESOURCE MANAGEMENT

- PCC Workforce Practices

NAB Definition—the effective and efficient management of the people we employ in residential care/assisted living/skilled nursing.

- Organizational culture that values, respects and nurtures all staff.
- Effective staff recruitment and retention practices
- Appropriately trained staff
- Effective staff orientation, training and mentoring for building core skills and competencies
- Consistent Staff Assignments
- Self Managed work teams
- Open, effective communication
- Effective Managers and Supervisors
EXAMPLES OF HUMAN RESOURCE MGMT.

- Hold staff pot lucks.
- Have a welcome tradition for new staff-special meal.
- Institute staff mentor and solid orientation programs.
- Consistent Assignment!
NAB DOMAIN: LEADERSHIP AND GOVERNANCE

- PCC Structural Element:
  - PCC Governance
  - PCC Leadership

NAB Definition: Leaders of care organizations are key in setting the agenda and strategic direction of the organization, managing and motivating personnel, providing critical community connections and relationships, managing problems, and ensuring that systems are in place to achieve quality outcomes.
EXAMPLES OF LEADERSHIP AND GOVERNANCE

• Maintain an open communication culture.

• Recognize and celebrate incremental successes.

• Create continual learning opportunities (formal and informal). Stand ups and coaching.

• Model effective practices which motivate and inspire staff.
NAB DOMAIN: PHYSICAL ENVIRONMENT MANAGEMENT

- PCC Environment and Design

*NAB Definition*—Ensuring an environment and atmosphere that promotes, protects, and provides resident centered care and quality of life.

“Home”, an atmosphere beyond bricks and mortars, incorporate an emotional atmosphere through design, use of space, colors, sound, furniture, furnishings and outdoor space.
EXAMPLES OF PHYSICAL ENVIRONMENT

• The use of natural sunlight whenever possible.
• Turn off TV’s in common area-only on for certain programs.
• Gentle music in dining areas.
• Hallway seating for long hallways for breaks.
• Neighborhood Activities and dining.
THE THREE COMPONENTS OF CULTURE CHANGE

Staff

Organization

Residents
A NEED FOR CHANGE

Leading Organizations in Culture Change:

- Eden Alternative
- Pioneer Network
- Ohio Person-Centered Care Coalition
- Eden LifeLong Living
- Picker Institute
THE EDEN ALTERNATIVE

Founded by
Dr. Bill Thomas

End the Three Plagues
Found in Nursing Homes:

Helplessness
Loneliness
Boredom
EDEN LIFELONG LIVING

Applies the Eden Principles to individuals with disabilities.
### SAME PRINCIPLES, DIFFERENT NEEDS

<table>
<thead>
<tr>
<th>Eden Alternative</th>
<th>Eden LifeLong Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Home</td>
<td>Residential Home</td>
</tr>
<tr>
<td>Elders</td>
<td>Non-Elders</td>
</tr>
<tr>
<td>CNAs</td>
<td>DSPs</td>
</tr>
<tr>
<td>Shorter Term</td>
<td>Longer Term</td>
</tr>
<tr>
<td>Full Life</td>
<td>Life Interrupted</td>
</tr>
<tr>
<td>Person-Directed</td>
<td>Person-Centered</td>
</tr>
</tbody>
</table>
### Continuum of Person-Directed Culture

Developed by Sue Misioriski and Joanne Rader, this Continuum of Direction illustrates the differences between staff directed and person directed culture.

<table>
<thead>
<tr>
<th>Provider Directed</th>
<th>Staff Centered</th>
<th>Person Centered</th>
<th>Person Directed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management makes most of the decisions with little conscious consideration of the impact on residents or staff.</td>
<td>Staff consult residents or put themselves in residents’ place while making the decisions.</td>
<td>Resident preferences or past patterns form basis of decision making about some routines.</td>
<td>Residents make decisions every day about their individual routines. When not capable of articulating needs, staff honor observed preferences and lifelong habits</td>
</tr>
<tr>
<td>Residents accommodate staff preferences; are expected to follow existing routines</td>
<td>Residents accommodate staff much of the time—but have some choices within existing routines and options</td>
<td>Staff begin to organize routines in order to accommodate resident preferences—articulated or observed</td>
<td>Staff organize their hours, patterns and assignments to meet resident preferences.</td>
</tr>
</tbody>
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Low Continuum of Person-Directedness High

Developed by Mary Tess Crotty, Genesis HealthCare Corp, based on the model by Susan Misioriski and Joanne Rader, distributed at the Pioneer Institutes, 2005.

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Pioneer Network

www.PioneerNetwork.net

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Listen to these dining examples. Where would they fit on the continuum?
• **Provider Directed:** Dining Meals are served at fixed times. Residents who are independent eat in a dining room and others who require assistance eat in their rooms. Meals are brought on trays from central kitchen. Residents who do not prefer meal may choose alternate meal.
• **Staff Centered:** Meals are served during fixed periods of the day (i.e., breakfast 7 to 9:30 am). Meals are prepared from a main kitchen and each meal offers residents two choices for a main meal, except for breakfast which is buffet style. Residents who are independent eat in a dining room and the others who require assistance eat in their rooms.
• **Patient Centered:** Residents have input on meal times and the menu. Residents are served freshly-prepared food from a rolling steam table. The food is not prepared in large industrial kitchen, but a smaller residential one. Aides serve the food to residents on dishes and not trays. The steam table is taken to residents who cannot come to the dining room.
• **Resident/Person Directed:** Residents decide on the menu and where they want to eat and at what times. Meals are prepared in a residential kitchen near where the residents’ rooms are located. Meals are served family style, where serving bowls and platters are placed on the table and residents, who are able, can help themselves. Those who require assistance receive it from staff.
PERSON-CENTERED CARE

Know the Person

Individuality and
Uniqueness of
Every Person

Empowerment

Responsive,
Permeable Environment

Person Has Input About Wants
ARTIFACTS OF CHANGE

Staff and residents are at the center of the change process!

New Paint
Children
Animals
Plants

Staff recognition
Elimination of call systems
Resident Recognition
DOES PERSON-CENTERED CARE WORK?

YES!

Research shows that PCC implementation increases quality of life and decreases staff turnover.
THE BOTTOM LINE

Better Trained and Empowered Staff → Less Turnover → Better Care → Increased Resident and Family Satisfaction → More Referrals

Doing What’s Right is Good Business.
Person Centered Care is NOT a quick fix or a marketing ploy.

It is the systematic change of an organization in order to provide a better place to live and work.
A BETTER PLACE TO WORK...
A BETTER PLACE TO LIVE.
KEEP UP WITH CULTURE CHANGE HAPPENINGS!

Pioneer Network:
http://www.pioneernetwork.net/

Eden Alternative:
http://www.edenalt.org/

Ohio Person Centered Care Coalition:

The Picker Institute, Long-Term Care Improvement Guide:

Visit these websites for more information on culture change in long term care, where it is headed, and how you can be an agent of change!
REVISED STATE OPERATING MANUAL GUIDANCE

- New Guidance for new and revised requirements
- Incorporation of CMS program letters for some existing requirements.
- New tag designations: F540 – F949
- Crosswalk to new F tag designations released
- Effective date for new Guidance and new tag designations: November 28, 2017
THEMES

• **Person-centered care**
  • Focus on how resident/family informed of rights, choices, preferences & how often revisited and revised
  • Communication with Resident; Communication among staff about resident

• **Quality Assurance and Performance Improvement**

• **Staff training**

• **Staff knowledge of Policies & Procedures and Care Standards**

• **Interviews of residents, families and staff**
OVERVIEW SECTIONS/TAGS AFFECTED BY PERSON CENTERED CARE…

• Resident Rights (§483.10): F550 – F586
• Abuse (§483.12): F600 – F610
• Admission/Transfer/Discharge (§483.15): F620 – F626
• Resident Assessment (§483.20): F635 – F646
• Care Plans (§483.21): F655 – F661
• Quality of Life (§483.24): F675 – F680
• Quality of Care (§483.25): F684 – F700
OVERVIEW OF SECTIONS

• Physician Services (§483.30): F710 – F715
• Nursing Services (§483.35): F725 – F732
• Behavioral Health (§483.40): F740 – F745
• Pharmacy Services (§483.45): F755 – F761
• Lab/Radiology/Diagnostics (§483.50): F770 – F779
• Dental Services (§483.55): F790 – F791
• Food/Nutrition (§483.60): F800 – F814
OVERVIEW OF SECTIONS

• Specialized Rehab (§483.65): F825 – F826
• Administration (§483.70): F835 – F851
• QAPI (§483.75): F865 – 868
• Infection Control (§483.80): F880 – F883
• Compliance/Ethics (§483.85): F895
• Physical Environment (§483.90): F907 – F926
• Training Requirements (§483.95): F940 – F949
RESIDENT RIGHTS

• F550 – Dignity/Right to Exercise Rights
  • Examples of concerns – staff conversing with each other instead of resident, explaining care provided

• F551 – Rights exercised by Representative
  • Whether or not resident adjudicated incompetent, if it is determined resident understands risks, benefits and alternatives to proposed health care and expresses preference, preference must be considered to degree practicable
  • Must maintain documentation that resident representative has been chosen, if applicable
PARTICIPATE IN CARE PLANNING F553

• Meetings must be scheduled with sufficient notice and around resident’s/family’s schedule – can be phone calls
• Right to see and sign CP after significant changes
• Risk/benefit decision making – want to see process in place when resident refuses something or decides to do something team advises against
• Looking for an assessment of resident’s strengths and needs, as well as cultural preferences, incorporated into care plan
BASELINE CARE PLANS!

- Within 48 hours
- Individual Patient, Representative, Individual attend-signatures are important
- Nurse Aide involvement
- Activities address individual personal preferences
• Staff are to be interviewed on residents’ preferences and goals. Make sure they know where to find this information.

• Staff will be asked how they sought information on preferences from family, if resident could not participate.

• Schedules for things like bed time/showers, frowned upon.
RESIDENT GROUPS F565 & FUNDS F567 & F570

- (F565) Facility must address grievances and document response in writing with rationale.

- Medicaid residents’ request for less than $100 should be honored the same day, request for more than $100, should be honored within 3 banking days. 24 hour banking expected.

- Resident must be compensated for losses due to failure to safeguard resident funds.
PELI-PREFERENCE FOR EVERY DAY LIVING TOOL

Are you using it yet?
• Miami University's Scripps Gerontology Center’s project, “Incorporating the Preferences for Everyday Living into Ohio’s Nursing Homes to Improve Resident Care,” is funded to partner with nursing home providers seeking to deliver person-centered care by honoring their residents’ preferences for everyday living. Translating research into practice is a hallmark of the Preference Based Living team.
• The team partnered with the Knolls of Oxford, to pilot test a novel communication intervention - preferences for activities and leisure (PAL) cards with their skilled nursing residents. PAL cards provide at a glance information about a resident’s background and important preferences for daily life. Staff at the Knolls of Oxford report that PAL cards are helpful because they promote more personalized care. Residents felt that their voices were heard, which made them feel like a person. The cards spark conversations between staff, volunteers, and community members, contributing to a greater sense of connectedness.
VIDEO ON PREFERENCES

• [https://preferencebasedliving.com/](https://preferencebasedliving.com/)

• Refer to Activity example.
SAMPLE PAL CARDS REVIEW
PAIR WITH A PAL

- Let's have some fun and create a PAL card.
- Break into pairs, first person interview and complete the card.
- Second person interview
- Ready to share!
IN SUMMARY

- Open Discussion regarding person centered care in life enrichment.
- Questions?
- Take-aways! One item to take back to your community.
THANK YOU
Thank you!