

Individualizing Care Plans & Highest Practicable Level of Physical, Mental and Psychosocial Wellbeing

...
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Compliance and Culture Change in LTC
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Your Care Plan

...

• 2

Have you noticed?

Details get missed.

Person on the floor a lot...
turns out not a fall...

What was it?

• 3

If a person's habit is to sit on the floor,
would your assessment process
discover that?

...
GOOD LITMUS TEST

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• 4

Assessments are short,
mimic the MDS
and leave us asking but ...
who is she?

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• 5

Recognizing individuality

...
Which reg?

Tag 550 Resident rights

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• 6

Your Care Plan?

...

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•7

The Person's **Priorities**

Choices about what is
significant to you...tag?

Tag 561 Self-determination

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•8

Ever go to a funeral or read in
an obituary something you
didn't know?



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Filling in the Gap

• • •
"Tell us everything."

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*Would you rather get to know
someone over a clipboard or
over coffee?*



from SOFTEN
workbook &
training DVD

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F636 Comprehensive Assessments
F656 Comprehensive Care Plan

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Comprehensive
complete/all aspects

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F636 Comprehensive Assessments
GETTING TO KNOW YOU

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F656 Comprehensive Care Plan
ALL ABOUT ME

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Details
Prevent Problems
&
Improve Quality of Life

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F636 Comprehensive assessment

- A facility must make a comprehensive assessment of a resident's **needs, strengths, goals, life history and preferences**, using the resident assessment instrument.

Goals

Needs

Life History

Preferences

Strengths

Notice: no mention of ...

problems

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Tag F550 Resident rights

- The right to participate in establishing the **expected goals and outcomes** of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.

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“The resident’s goals”

...
In CMS regulations 56 times
as well as in
Resident Interview
Resident Representative Interview

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Whose goals are they anyway?

...
Anyone tired of making goals for another?
Would I make goals for you?
Would you make goals for me?

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**Ask families the person’s
goals (not theirs).**

...
**Advocate through
observation.**

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- It's their life, their goals.
- **Quote the person:**
"I want to stay in my room."
- **Takes the onus off your team.**
No one can argue with it.

How did you word YOUR care plan?

...

**Is it okay to use the voice
of/quote the person?**

F656 Comprehensive Care Plans

- The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

Knowing regs is
foundational

...
Knowledge
Freedom

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The M in MDS = ?

...
minimum

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**Don't let the MDS
box you in**

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Go beyond the MDS

- What are your pet peeves?
- What are you passionate about/causes?
- What do you love?
- What do you hate?
- ❖ What else?
- ❖ What makes you you?

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Preferences, not problems

...

232 references to meet preferences
in CMS regulations and guidance.

•

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What would others need to
know about you to give you a
terrific life?



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**NOT
knowing preferences
leads to problems...**

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Tag F692 Nutrition

Severity Level 3 - Actual Harm

The failure to assess the relative risks and benefits of restricting or downgrading diet and food consistency or to accommodate a resident's choice to accept the related risk resulted in declining food/fluid intake and significant weight loss;

The failure to accommodate documented resident food dislikes and preferences resulted in poor food/fluid intake and a decline in function;

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Tag F692 Nutrition

Severity Level 4 - Immediate Jeopardy

Dietary restrictions or downgraded diet textures, such as mechanical soft or pureed textures, were provided by the facility against the resident's expressed preferences and resulted in substantial and ongoing decline in food intake resulting in significant or severe unplanned weight loss with accompanying irreversible functional decline to the point where the resident was placed on Hospice;

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Non-compliant

...

Non-compliant – who?

CMS requirements of the nursing home:

- Residents have the right to choose, CMS Tag F561.
- Residents have the right to request, refuse, and/or discontinue treatment, CMS Tag 578
- Residents have the same rights as any US citizen, to choose alternative/option CMS Tag 550
- Residents have the right to personal dietary choices, CMS Tag 803.
- Residents have the right to **informed choice**, CMS Tag 692, assisted nutrition and hydration.



...

The physician order is the key.
Get rid of “orders” that do not work for people.

Goals for my life right now

- "I want to help people and since I cannot use my hands or walk, I would like to help people with my voice."
- I have agreed to visit three residents weekly.

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Goals re: my diabetes

- "I have diabetes."
- "I want to feel as good as I do now every day." (Over the next 90 days.)

At care conference: "Someone asked my Mom her goals!"
excited and pleased daughter

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Where does this style of care plan come from?

Problem	Goal	Interventions
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Intervention

...

Individualized approaches

FOCUS/
PREFERENCES

MY
GOALS

INDIVIDUALIZED
APPROACHES

Institutional Care Planning

Problem

Goal

Intervention

Alteration in Nutrition
 Related To:
 Diabetes Mellitus
 As Manifested By:
Non compliance
 with 1800 cal ADA diet

1. Resident will eat only foods approved in ordered diet.

1. Educate resident regarding diabetes, her diet, and impact to her health if non compliant.
 2. Notify nurse of food hidden in room.
 3. Monitor for s/s hypo and hyper glycemia.
 4. Check blood sugar 6 am and 8 pm.
 5. Administer insulin as ordered.

Focus: Diabetes/Preferences My Goals		Individualized Approaches
I have diabetes and I take insulin. I am aware of recommended dietary restrictions and I choose to exercise my right to eat what I enjoy.	I will make informed food choices which will meet my food cravings and my nutritional needs but may not always comply with an ADA diet.	<ol style="list-style-type: none"> 1. Please provide me a regular diet with no concentrated sweets. 2. Ask me prior to each meal what I would like. Honor my requests. 3. Provide low carb, low sugar choices when I request. 4. Avoid daily arguments about food which can anger me. 5. Check my blood sugar daily at 6 am and 8 pm. If it is too low or too high, I will discuss with the nurse what I ate that day and will take responsibility to make better choices. 6. Administer my insulin as ordered.

A Process for Care Planning for Resident Choice

ROTHSCHILD PERSON-CENTERED CARE PLANNING TOOL FORCE

control respect privacy dignity
courtesy community engagement
healing quality of life satisfying
supportive choice inclusive comfort
non-institutional caring meaningful
control respect privacy dignity
courtesy community engagement

Rothschild
FOUNDATION

Prepared by:
Margaret Collins
Karin Schramm
Kathleen Brady
Robert Hager

February 2016

A Process for Care Planning for Resident Choice

Referred to in guidance at F689 Accidents

pioneernetwork.net

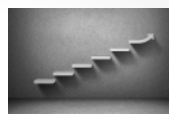
"We must get better at documenting the dialogue of discussion."

Paula Leslie, PhD, CCC-SLP, Fellow of the Royal College of Speech and Language Therapists (UK), Professor in Communication Science and Disorders, University of Pittsburgh

F656 Comprehensive Care Plans

- The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. **The comprehensive care plan must describe the following —**
- (i) The services that are to be furnished to attain or maintain the resident's **highest practicable physical, mental, and psychosocial well-being**

Highest Practicable ...



- **PRACTICABLE:**
Innate capability – based solely on the individual's abilities, limitations, and potential – independent of external limitations.
- **PRACTICAL:**
Capability based on resources available to support a person's abilities and potential, and address their limitations.

Highest Practicable Level of Well-Being Examples



Householder wiping tables in an Action Pact Household Model Nursing Home

- Lucky's care plan:
"I consult with the maintenance team on electrical issues."
- Nora's care plan:
"I clean with the housekeeper every day at 10:30."
- Conrad's care plan:
"I read to fellow residents everyday/to the preschoolers every week."

Highest Practicable

Charlie's goal:

- I teach Julie how to paint as even though I cannot do it any longer I enjoy teaching.

Julie's goal:

- I am learning how to paint from Charlie as it is something I have always wanted to do.



The requirement per Tag F655 is to address each

On each resident's care plan for each:

- Highest practicable level of physical well-being
- Highest practicable level of mental well-being
- Highest practicable level of psychosocial well-being

Ask the individual what it means to them.

*What does it mean to you?

<https://vimeo.com/929995437/eda00b8e51?share=copy>

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John told us: Highest Practicable Level of Physical Wellbeing

Focus: Highest Practicable Level of Physical Wellbeing	My Goals	Individualized Approaches
I can walk and would like to more often.	I want to walk as much as I am able every day.	Team members offer to walk with John to meals and other parts of the home. He will decide if he has strength to do so. Ask while walking how he is doing and if he needs to rest.

John told us: Highest practicable level of Mental Wellbeing

Focus: Highest Practicable Level of Mental Wellbeing	My Goals	Individualized Approaches
I have an idea for an invention regarding the call light pendant.	I would love to pursue talking with someone from a call light company about my idea.	Administrator will ask maintenance team to talk with John and set up a phone call with call light vendor. All team members to be aware of this desire, talk about it, ask about it. Help him design it.

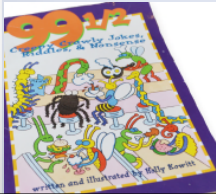
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John told us: Highest Practicable Level of Psychosocial Wellbeing

Focus: Highest Practicable Level of Psychosocial Wellbeing	My Goals	Individualized Approaches
I am 20 years younger than most who live here and would like to meet people more my age.	To meet some people my age.	SW offered to introduce John to two others who live here around his age. Activity team will also foster friendships and ways to get together. All team members are aware of this/invited to converse with John as younger people.

Highest Practicable Level of Mental & Psychosocial Wellbeing

Focus: Highest Practicable Mental/ Psychosocial Wellbeing	My Goals	Individualized Approaches
I was a professional/am a comedian. 	I enjoy getting to say the punchline.	All team members are asked to learn Mr. Smith's jokes typed out and in his room. Set him up with the main part and let him give punchline. He always does. Ask the next joke out of the joke book in his room when you are with him.

What is severity when highest practicable not reached?

...

Failure = Actual Harm

Actual harm that is not Immediate Jeopardy:

*Severity level 3 indicates noncompliance that results in actual harm, and can include but may not be limited to, clinical compromise, decline, **or the resident's inability to maintain and/or reach his/her highest practicable well-being.***

Care plan:

"Charles can feed himself at times."

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Don't let one's life boil down to a list of checkmarks

...

Collect MORE MEANINGFUL information
no matter what forms your company
requires.

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Do not let attendance at groups become one's identity...

- "Resident refuses to attend group activities."
- "Resident will accept and receive 1:1 visits and independent program suggestions."

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What are we to provide for
per regulation?

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F679 Activities

The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the

- community.

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Interests
Interests
Interests

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Attendance at groups is measurable but not meaningful.

• • •

Resident Interview Survey Form:
Do the activities meet your interests?

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Follow the requirements...

INTERESTS/Preferences/Life History

My Goal/s

Individualized Approaches

•

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FOCUS INTERESTS/ PREFERENCES

"I love to
scrapbook go
outside."

MY GOALS

"I want to finish
a scrapbook in a
month."
"I want to
scrapbook
every day."
"I want to go
outside every
day."

INDIVIDUALIZED APPROACHES

Ask Carmen if
she needs
scrapbook
supplies.
Ask if she
wants to go
outside today. If
she says its too
cold, offer to sit
by the window.

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Getting Outside

- Artifact 45. Each resident's care plan includes preferences and accommodations needed for going outdoors.
- Tag F741
Non-pharmacological approaches – assist to go outdoors into the sunshine and fresh air



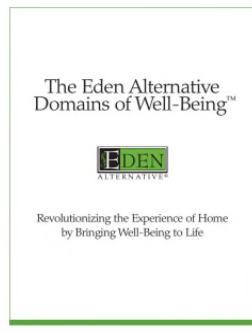
Grass = wasted space

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Have you heard of?

Identity
Security
Autonomy
Connectedness
Growth
Meaning
JOY



•

•

F679 Activities. INTENT

To create opportunities for each resident to have a meaningful life by supporting his/her domains of wellness/wellbeing **security, autonomy, growth, connectedness, identity, joy and meaning.**

Guidance: Opportunities for each resident to have a meaningful life may be created by supporting his/her domains of well-being, e.g., **security, autonomy, growth, connectedness, identity, joy and meaning** as identified by the **Eden Alternative** philosophy of care. More information may be found at: <http://www.edenalt.org/about-the-eden-alternative/theeden-alternative-domains-of-well-being/>) (6/29/22).

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How would you describe:

- IDENTITY
- SECURITY
- AUTONOMY
- CONNECTEDNESS
- MEANING
- GROWTH
- JOY

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The 7 Domains of Wellbeing...which one?

- Introduced dog sitting for team member pets and it was a HUGE success!
- Could pick up extra shifts with no worries of accidents.
- Pets were loved.
- Residents LOVED having pets.
- **OH AND, BONUS.... Falls DECREASED!**



Orchid Cove of Venice
Proactive Practices to Prevent Falls
FL CWP Project

•

•

Don't let Quality of Life get missed on the care plan

• • •

What does QUALITY OF LIFE mean to you?

**Tag F675 Quality of life is a fundamental principle
that applies to all care and services**

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"It would be nice if when a person moves into a nursing home, they ask him or her 'How do you want to live?' ... not just all that medical stuff."

-Person living in a nursing home

Sonya Barsness *Conversations in Culture Change* with Carmen guest
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Sonya Barsness
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sonya@sbcgerontology.com
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Look at the word "**therapy**," for instance. Why does everything have to be therapy once you live in a nursing home? If I liked to paint before I moved into the nursing home and I paint now that I'm there, why is my hobby now "art therapy?" I mean no insult to the wonderful folks who call themselves therapists and their work, their special training, or their skills. In fact, I'm a massage therapist myself. But in this context, "therapy" is another of those separating words.

Karen Schoeneman, *MayDay* article

Putting the label “therapy” on normal activity has become a tradition in nursing homes and other health care settings in order to establish the “professionalism” of those who do it. This is a case of “**scientism**” (Postman, 1993), a language trend toward elevating status of an action by appropriating medical terminology. People do things that are “**therapeutic**” all the time without therapists around because we feel better when we do them. When you go for a walk, for example, is that physical therapy or just exercise? Doing something you enjoy should not take on a stigma of having something wrong with you and that’s why you do it.

Dr. Judah Ronch, Psychologist
The Power of Language to Create Culture

- What I see in the current culture is largely programmatic: a varied program of activities is offered, trips to restaurants, ice cream shops as well as places of historic interest, shopping trips and many in-house activities.
- With such a wealth of activities, what could be lacking?
- **What is lacking is real life. Real life is not found in programs. Real life is in the give and take of everyday life.**
- Beware of confusing programs with real life.



A Sage to the culture change movement
An original pioneer of the Pioneer Network
Carter Callitt Williams
2013 Convening Remarks
<https://www.youtube.com/watch?v=JQJO1qk82E>
(11 min.)

Normal Life & Language

- Leisure, recreation, activity programming, activities → **engagement, community life, meaningful engagement**



Courtesy Eden Alternative

Avoid labels, even in federal regulations

Medical terminology appropriated

- art therapy
- music therapy
- pet therapy
- aromatherapy
- therapeutic activities

Normal language

- draw, paint, scrapbook
- listen to my music
- love on my animals
- essential oils
- pursuit of interests, doing what I enjoy



Changing the Culture of Care Planning: a person-directed approach

Covers:

- Regulations
- Individual Care Planning
- I Care Plans
- Narrative Care Plans

Includes:

- *Sample IN2L Visual Care Plan

Available from Action Pact at culturechangenow.com

SOFTEN the Assessment Process

- Workbook and training DV
- actionpact.com

S – Support Simple Pleasures
O – Offer Options
F – Foster Friendships
T – Tie-in to Tasks
E – Equalize Everyone
N – Normalize Now

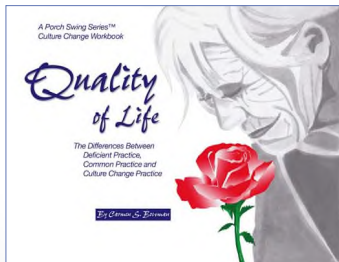


Regulatory Support for Culture Change



Available from Action Pact at actionpact.com

Quality of Life: The Differences between Deficient, Common and Culture Change Practice



Section at Dignity on Using Dignified Language
actionpact.com

Living Life to the Fullest: A Match Made in OBRA '87

Getting to Know You assessment
Psychosocial Needs
Ethnic culture

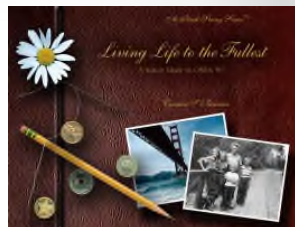
**Highest practicable level of
well-being**

Activity programming according to
interests, not "problems"

MEANINGFUL ACTIVITY ASSESSMENT
incorporates:

- Tag 679 Interpretive Guidance,
- MDS 3.0 and
- culture change practices.

Sold as a **kit** at actionpact.com

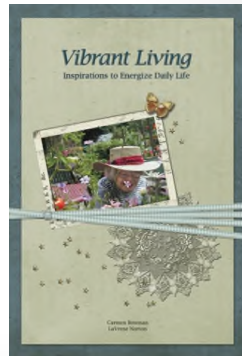


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- **It is the team that makes change**
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Contact Info

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- All-day workshops, conference sessions, webinars, consulting
- TEAM Coaching: affordable web/phone-based coaching with your whole team as *it is the team that makes change*
- Professional mentoring
- Quality of Life Team creation
- Activities consulting for a NEW or NOT-YET-QUALIFIED activity director per CMS Tag F680; some state regulations require activity consultation in this situation
- Become a Guardian of Home and Normal Life

Using Regulations to



Reject & Replace
Institution with Home
and Normal Life

How Activity/
Recreation/Engagement
/ Community Life
Professionals can save
the World of LTC

**New eResource
available at
edu-catering.com**

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Q & A/Encouragements

- DETAILS & PREFERENCES prevent problems.
- INDIVIDUALIZED not generic.
- Ask/ascertain "THE RESIDENT'S GOALS."
- INTERESTS, not activities
- Care plan Highest PracticABLE
 - Physical wellbeing
 - Mental wellbeing
 - Psychosocial wellbeing

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