

PERSON-DIRECTED CULTURE CHANGE PRACTICES HAVE RISEN TO THE LEVEL OF REGULATION

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CMS REFORM OF REQUIREMENTS FOR LTC FACILITIES: FINAL RULE



CMS Executive Summary

- Since the current requirements were developed, **significant innovations in resident care and quality assessment practices have emerged**. In addition, the population of LTC facilities has changed, and has become more diverse and more clinically complex. Over the last two to three decades, extensive, evidence-based research has been conducted and has enhanced our knowledge about resident safety, health outcomes, **individual choice**, and quality assurance and performance improvement. In light of these changes, we recognized the need to evaluate the regulations on a comprehensive basis, from both a structural and a content perspective.

CMS Benefits of Final Rule

- This final rule will implement comprehensive changes intended to **update** the current requirements for LTC facilities and create new efficiencies and flexibilities for facilities. In addition, these changes will support **improved resident quality of life and quality of care**.
- Quality of life in particular can be difficult to translate into dollars saved. However, **there is a body of evidence suggesting the factors that improve quality of life may also increase the rate of improvement in quality and can have positive business benefits** for facilities. Many of the quality of life improvements changes in this final rule are grounded in the concepts of person centered care and culture change. These changes not only result in **improved quality of life for the resident**, they can result in **improvements in the caregiver's quality of work life** and in **savings** to the facility.



State Operations Manual

Appendix PP - Guidance to Surveyors for Long Term Care Facilities

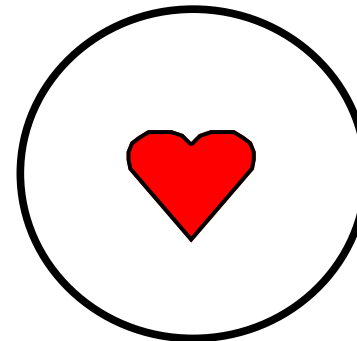
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Definitions §483.5

- **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.**
- Person-centered care is not the same as culture change
- Person-centered is actually outdated...



Resident rights §483.10

- ✓ 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**.
- ✓ The facility **must protect and promote the rights of the resident.**



- ✓ The resident's wishes and preferences must be considered in the exercise of rights **by the representative**.

- ✓ The right to be informed in advance, by the physician or other practitioner or professional, of the **risks and benefits of proposed care**, of treatment and treatment **alternatives or treatment options** and **to choose the alternative or option he or she prefers**.
- ✓ The right to **request, refuse, and/or discontinue treatment**, to participate in or refuse to participate in experimental research, and to formulate an advance directive.



Self-determination.

- ✓ Right to **choose** activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, plan of care and other applicable provisions of this part.
- Right to make choices about aspects of his or her life in the facility that are **significant to the resident**.
- Right to interact with members of the community and participate in community activities both inside and outside.
- **When it comes to sleep, what is true choice?**

WHY ARE RESIDENTS WOKEN?

What results?





Glorious Sleep

✧ *How many of us
would rather be
sleeping?*

“SLEEP IS LIKE MEDICINE”





“SLEEP IS BETTER THAN MEDICINE”

What is a *blissful morning* to you?

What is it like to wake people up?



The Benefits of Being Well Rested

- ✧ Less depression
- ✧ Less anxious
- ✧ More alert
- ✧ More energy
- ✧ Builds up immune system
- ✧ Protein synthesis, tissue repair, muscle growth
- ✧ Better cognition, thinking
- ✧ No “behaviors”
- ✧ Better mood
- ✧ Fewer falls
- ✧ Everything is better
- ✧ So, why would we wake people?

Better outcomes

- Arbitrary “breakfast” time
- Breakfast drives our pattern of waking people up
- “Get up list,” “the get ups”
- How many of you do not even eat breakfast?
- What would happen to us?
- **Open dining times** become the answer
- Choice
- Less rush for everyone, more relaxed, time to provide personalized care, all is better



- ✓ Right to organize and participate in resident groups.
- ✓ **The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.**

Community Meetings



Community Meetings
Sandalwood, Lakewood, CO

Also on Artifacts tool

Barry and Debbie Barkan

- *Builds community*
- *Creates connection*
- *Explores meaning*
- *Gathering as a community to discuss things of mutual interest and concern, to celebrate, to remember and to mourn.*
- ***Hypothesis*** *that residents could learn and grow when they become involved in meaningful experiences.*

Celebrate Residents

- Communally acknowledge and celebrate residents at every opportunity
 - illness and recovery from illness
 - losses, gains/progress
 - return from absences
 - the role they take on in the community
 - birthdays
 - landmark life events
 - just showing up
 - the way someone looks today
 - remembering residents
 - living life together



Clear Creek Care Center's Community Meeting



- Birthdays/Landmark Life events celebrated
- Announcements/Upcoming events
- Planning events/holidays/decorations
- Honored residents attending for first time
- Jokes
- New residents and staff introduced – give the mic
- Visitors introduced
- Residents moving, Residents dying
- Policy review
- Open forum for questions, comments, announcements
- Resident closed with a devotion

Daily Community Meeting



- Parkview Care Center, Denver, CO
- Budget
- Products
- “We run this place.”
- Now in place of Resident Council
- Deal with issues in real time as a community

“resident care and life”

Independent *Living*

Assisted *Living*

Long Term *Care*

Where did the living go?

Culture Change Leverages

- Daily community meeting - address issues in real time
replace outmoded monthly resident council
- Neighborhood Councils – each neighborhood is unique
- Family Council – create decision making opportunities,
offer meaningful education, intentionally turn into a
support group, and of course good food!
- Employee Council: rotate times to honor varying shifts
- Ties to retention and recruitment

Tag 550 Resident Rights, treated with respect and dignity:

- ✓ *Avoiding the use of labels for residents such as “**feeders**” or “**walkers**.”*

[feeder: Definition from Answers.com](#)

feeder n. One that supplies food: a bird
feeder on a window ledge. ...

feeder young sows and calves

Language Creates Culture

- Community or home (instead of facility)
- Individual/person/neighbor (instead of patient, even resident, elder?)
- Neighborhood (instead of unit)
- Home, real home (instead of homelike)
- Meaningful engagement, community life, etc. (instead of activities/recreation/leisure)
- Approaches (instead of interventions)
- Communications (instead of behaviors)
- Choice (instead of non-compliant)
- Decline (instead of refused)
- Worked with residents/passed meds (instead of worked the floor)
- Direct care workers/CNAs (instead of frontline staff)

Language Creates Culture

- People/bedrooms (instead of beds)
- Person First language and describe (instead of “the diabetic”)
- Moved in/out (instead of admitted, placed or put or discharged)
- Is here for a stay, is a guest, went home (instead of admitted or discharged)
- Left the building (instead of elope or escape)
- Died (instead of expired)
- Field, profession (instead of industry)
- Others? Did you come up with other labels?

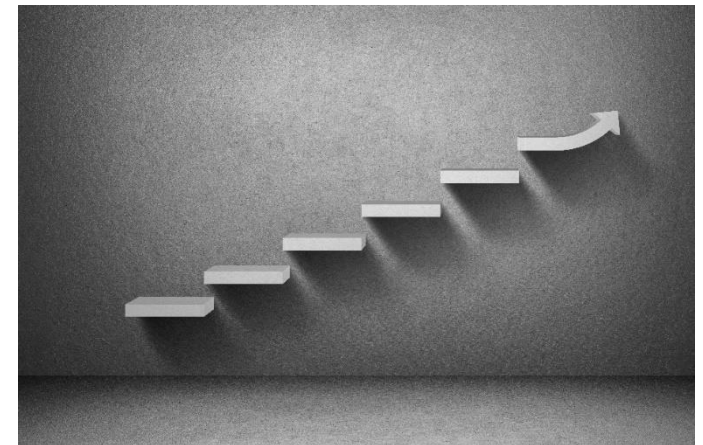
Highest Practicable Level of Well-being

F655 Comprehensive Person-Centered Care Planning

The care plan must describe the following:

*The services that are to be furnished to attain or maintain the resident's **highest practicable** physical, mental and psychosocial well-being.*

*Think of a resident, brainstorm his/her highest practicable level of well-being and how you would care plan it, as required.



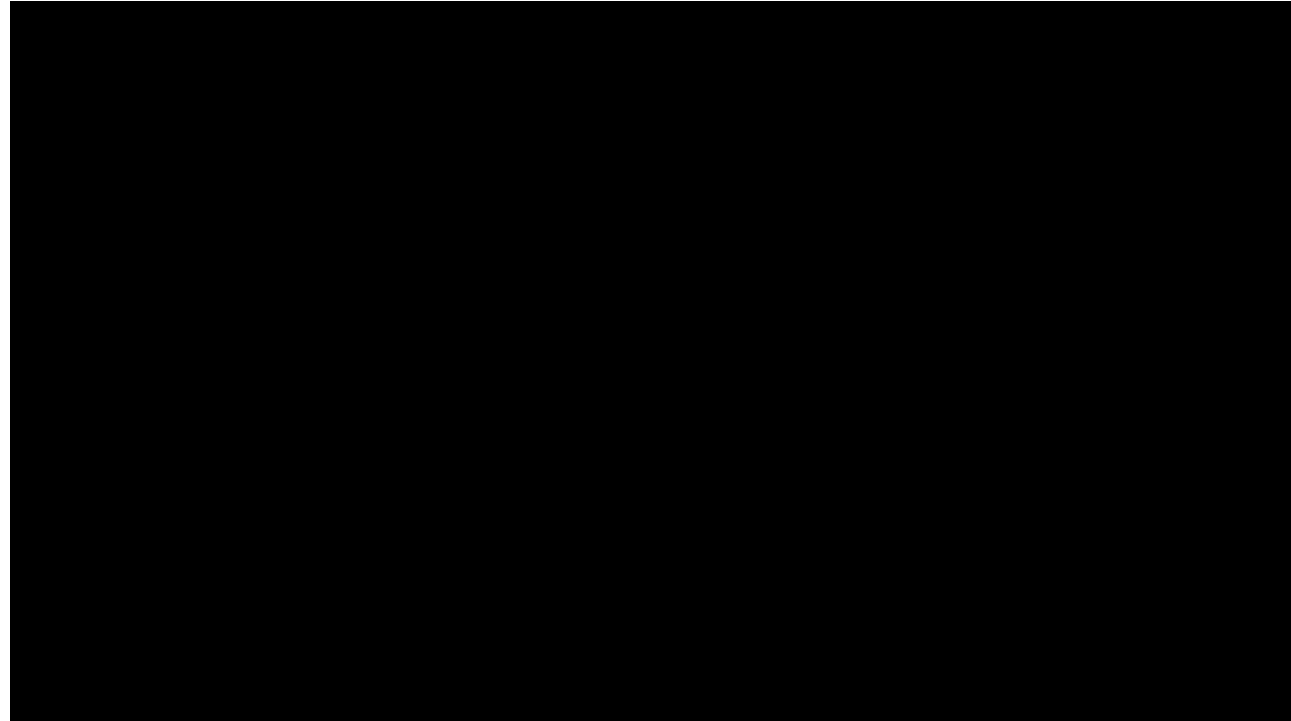


- **PRACTICABLE:**
Innate capability –
based solely on the
individual's abilities,
limitations, and
potential –
independent of
external limitations.

- **PRACTICAL:**
Capability based on
resources available to
support a person's
abilities and potential,
and address their
limitations.

Does your care plan process address each?

- Physical well-being
- Mental well-being
- Psychosocial well-being
- Examples of each...



Text following this interview from 1:1 caregiver: "You just made this fine man feel so proud and needed. Thank you! Everyone needs to feel like they can still contribute."

HIGHEST PRACTICABLE PHYSICAL WELLBEING



THEY THOUGHT I COULDN'T MAKE IT



What was her goal?

Yes. To go down Splash Mountain!

My Goal/Highest Practicable Level of Well-being:

I want to be able to walk independently in order go to down Splash Mountain at Disney by (date).

Individualized Approaches:

(we don't have to call them interventions)

Your ideas...

Therapy Plan

Restorative Plan

Walk with her to and from all meals

Encourage her to meet her goal, inquire how is going

Highest Practicable Level of Physical Wellbeing

- Walking
- Feeding self
- Getting to the bathroom (don't have to say toilet) independently
- Other?

HIGHEST PRACTICABLE MENTAL WELLBEING

A Heart to Serve

- Resident-led projects
- Prepare food and serve at
- local homeless shelter
- Now K-9 Foster/Adopt projects



- “It gives me something to think about that’s so important. It gives us, you know, we feel like humans that we’re still productive. We can do anything that we try, because all things are possible as long as you try.”
- Resident Goal:
I make and serve food monthly at the homeless shelter.
- Individual Approaches:
YOUR IDEAS...
Remind me/Sally of upcoming event.
Encourage me/Sally to do my/her exercises/stretchches.

The Farm

- Produce farm, resident-led
- Residents run a free farmers market at a low-income senior complex
- Wheelchair-accessible gardens
- Wheelchair-accessible chicken coop, 18 chickens, collect eggs
- Happier, more awake, less depressed, more active



Purposeful Projects

- Not “Crafts” – why?
 - Never for ourselves
 - Have work to do, projects for others
 - Staff are often recipients
- Guggenheimer Health and Rehab
Lynchburg, VA
- Folders for activity team
 - Candy bags at reception desk
 - Table decorations for a church
 - Birthday cards residents, staff
 - Shuck corn
 - Care bags for volunteers
 - Folded newsletters
 - Stuff stockings, wrap presents

HIGHEST PRACTICABLE PSYCHOSOCIAL WELLBEING

Goals for my life right now

- Focus/Issue/Preference: (we do not have to pose everything as a problem)
“I want to help people and since I cannot use my hands or walk, I would like to help people with my voice.”
- Resident Goal:
“I have agreed to visit three residents weekly.”
- Individualized Approaches:
Inquire how volunteer job is going, thank her for her service.
Ask if there is anything she needs.
Invite to document visits if she is interested as a volunteer.

Highest Practicable Level of Well-Being



Householder wiping tables in
an Action Pact Household
Model Nursing Home

- “I clean with the housekeeper every day at 10:30.”
- “I read to fellow residents every day, to the preschoolers every week.”
- “I teach a fellow resident to paint as I cannot do it any longer but enjoy teaching.”
- “I am learning how to paint from a fellow resident, something I’ve always wanted to do.”

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.***



THE POWER OF HOME, THE POWER OF THE
INSTITUTION (SADLY CAN = ACTUAL HARM)

§ 483.24 F675 Quality of life

- **Quality of life is a fundamental principle that applies to all care and services provided to facility residents.**
- ✓ Each resident must receive and the facility must provide the necessary care and services to **attain or maintain the highest practicable physical, mental, and psychosocial well-being**, consistent with the resident's comprehensive assessment and plan of care.
- Guidance: Noncompliance at F675 identifies outcomes which rise to the level of **immediate jeopardy** and reflect an environment of **pervasive disregard** for the quality of life of the facility's residents. This can include the **cumulative effect of noncompliance at other regulatory tags on one or more residents**.

Quality of Life gets missed – don't let it!

- Who is in charge of Quality of Life?
- Nursing regs... activities regs... dining services regs...
- Quality of life regs...?
- Don't be boxed in by the MDS
- Add a quality of life section/focus to every person's care plan:

Quality of life

Meaning and purpose

Boredom/Loneliness/Helplessness

- the Three Plagues of Institutionalization according to the Eden Alternative

Tag F679 Activities, Intent

- **INTENT §483.24I**
- To ensure that facilities implement an *ongoing resident centered* activities program that incorporates *the resident's* interests, hobbies *and cultural* preferences which is integral to maintaining and/or improving a resident's physical, mental, and psychosocial well-being *and independence*.
- ***To create opportunities for each resident to have a meaningful life by supporting his/her domains of wellbeing (security, autonomy, growth, connectedness, identity, joy and meaning).***

- “Culture change has taught us it can be different. It causes us to go harder after poor performers.”
Former Oregon state survey agency director
- “Because of culture change, we expect more.”
Research in Aging Institute, Canada

QUESTIONS/IDEAS

Free at:

www.edu-catering.com

www.pioneernetwork.net

Words Matter resources:

- <https://culturechange.org/videos/>
- <https://pioneernetwork.net>
- <https://edenalt.org>
- <https://edu-catering.com>
- <https://planetree.org>

Archived shows:

- ***People First Language***
- ***The Power of Language to Change Culture***



The Power of Language to Create Culture

Carmen Bowman, MHS

Judah Ronch, PhD

Galina Madjaroff, MA

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Contact Info

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All-day workshops, conference sessions,
webinars, consulting, coaching:

- Regulatory Support for Culture Change
- Vibrant Living
- Building Relationships and Retention
- Moving from “activity programming” to engaging Residents in Real Life
- SOFTEN the Move-In
- Move from Institutional to Individual
- Person-Directed Life
- Resident Choice: Its not a Choice Anymore
- From Institutional Care Planning to Individual
- The SUPERPOWER of being Proactive
- Proactive Practices to Prevent Falls
- A Meaningful Day
- The Artifacts of Culture Change 2.0
- Successful Validation Method Techniques: better than lying or only redirecting



CREATING JOY AND FESTIVITY -FOR ISOLATED PEOPLE- DURING THE HOLIDAYS

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FREE SAMPLE training video



The *Culture Change* **MINUTE**

www.Facebook.com/Edu-catering

60 SECONDS OF INSPIRATION FOR YOU INDIVIDUALLY
AND/OR YOUR TEAM

Take Aways

- PROMOTE AND PROTECT rights \”/
- Encourage High Involvement: daily community meeting
- Help honor sleep/natural awaking = true choice, and open dining
- “Get the word out” - Language has power and creates your culture
- Preferences instead of problems. Ironically, prevents problems.
- Regs require individual/person-centered, not generic. Most care plans are generic.
- Ask residents their goals – CMS has moved in this direction too, makes sense.
- **Go above and beyond *minimal* requirements – think outside the MDS box.**
- Enjoy discovering HIGHEST PRACTICABLE LEVEL OF WELLBEING
- Focus on LIFE and LIVING more than clinical care
- Become a Culture Change Advocate
- We now know it can be different, so we want different.

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