Impact of CMS Regulations on Person-Centered Care: Launching & Sustaining Culture Change

May 20, 2016

To maintain sound quality, we encourage use of the computer speakers instead of the regular phone line.

You can type your questions here for the organizer/presenters.

Attendees are MUTED. Please use the question box to send in your questions.

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Today’s Speakers

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CMS PROPOSED RULE & PERSON CENTERED CARE

Is the Expectation for Person-Centered Care Really New?

• OBRA 1987
  – “Each resident must receive & facility must provide necessary care & services to attain or maintain the highest practicable physical, mental & psycho-social well-being.”
  – Quality of life
  – Comprehensive assessment & care planning
  – Resident & family councils
  – Freedom from physical & chemical restraint
CMS Defines Person-Centered Care

Per proposed revisions to the Requirements of Participation issued in 2015, 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 of their daily lives.

Let's look at some specifics...

Person-Centered Care Planning

- Baseline plan in 48 hours - what is needed for effective PCC that meets professional standards
- IDT must include CNA, food service, social service
- Document why if resident/representative not included
- Discharge planning
- Document interest in return to community
- Assist selecting next post-acute provider using data
- Resident & family participation in developing post-discharge plan of care

Trauma Informed Care

- Ensure trauma survivors receive “culturally competent trauma-informed care” accounting for residents experiences & preferences to avoid triggers that may cause re-traumatization.
Nursing Services

• Sufficient staff based on facility assessment (# of residents, acuity, diagnoses, content of care plans)
• Competency assessment specific to resident needs - licensed nurses and CNAs

Behavioral Health

• Provide services per assessment & plan of care
• Resident without history of adjustment difficulty or trauma does not “display a pattern of decreased social interaction or increased withdrawn, angry or depressive behaviors…”
• Adequacy of staffing; staff competencies

Drug Regimen Review

• Applies requirements for antipsychotic class to all psychotropic drugs, including:
  – Anti-depressants
  – Anti-anxiety
  – Hypnotic
  – Opioid analgesic
  – Any other drug with similar effects
• PRN orders for psychotropics limited to 48 hours
Food & Nutrition
• Reflects religious, cultural & ethnic needs and preferences
• Takes into account allergies, intolerances & preferences
• Eating at non-traditional times or outside of mealtimes
• 3 meals at customary times or, “in accordance with resident needs, preferences, requests and plan of care.”
• “Removes” 14-hour rule
• Can use food from local producers & facility gardens
• Outside food OK
• Storage of outside food brought for residents

Other Aspects
• Open visitation
• Roommate choice
• New construction – no more than double occupancy, bath with shower for each room

QAPI
• Design & scope – must include clinical care, quality of life & resident choice
• Effective systems to obtain & use feedback from direct care staff, other staff, residents & representatives
• Clear expectations set around safety, quality, rights, choice & respect.
Meeting the Mandate: Tools & Strategies for Change

www.pioneernetwork.net

Assessing Where You Are & Measuring Progress

• Artifacts of Culture Change:
  – Care Practices
  – Environment
  – Family & Community
  – Leadership
  – Workplace Practice
  – Staffing Outcomes & Occupancy
• http://www.artifactsofculturechange.org/ACCTool/

Advancing Excellence in America’s Nursing Homes

• PCC Tool - determine congruence between resident preferences & actual experience
• Highlights areas of opportunity/needs for improvement
• https://www.nhqualitycampaign.org/
Person-Centered Care: The triple crown - good for residents, good for staff, good for compliance!

Core elements:
- Knowing & Relationship
- Holistic approach – mind, body & spirit
- Autonomy, control, self-determination
- Empowerment – resident & staff
- Therapeutic environment

Contact Information

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The Role of Key Leaders
In Launching and Sustaining Culture Change

Luke Neumann
Senior Director of Service and Relationship Development
Palm Garden
Culture Enrichment
Culture Change

Ownership at every level

- The Patient
- CEO
- Executive Directors (Administrators)
- Senior Directors
- Line Managers

Patient as CEO

- Locus of Control
  - "making their own choices and having control of their daily lives."
- Ownership and Buy-in from team members
CMS compensation already tied to Patient experience in acute settings...

Why would post-acute care be any different?
We’re talking about a change that touches every department.

- Documentation
- Discharge Planning
- Family Participation
- Nursing Services
- Drug Regimen Review
- Dietary Services
- Risk Management (QAPI)
- Physical Plant and Communication

Significant planning required
Significant integration required
Significant Employee Engagement

Task Force

- Representing team members from all levels of patient care
- Representing every department in your center
- Assembled to meet regularly and identify opportunities

Executive Director (Administrator)

- Empowered - Involved in the system’s design
- Responsible for orchestrating care within the center
- In a position to reinforce positive behaviors
Holistic Caregiver: It’s Time to Reinvent the Wheel

Bret Brown, CEO
Washington Rehabilitation and Nursing Center

How are services provided in the traditional model?

The Traditional Model

- Environmental Services
- Certified Nursing Assistant
- Quality of Life/Activities Assistant
- Restorative C.R.A.

- Focuses on managing people and resources to increase efficiency
- Departmental Silos
- Inconsistent Staffing
- Elders aren’t well known
How would we do it at home?

Holistic Caregiver

“A Holistic Caregiver is one who works to meet the whole of the Elder’s needs; physical, emotional, and spiritual.

Although he or she may perform a variety of tasks to accomplish this goal, focus is never limited to the task itself, but rather on the Elder’s individual need at the moment.”

Mountain City Care and Rehab Center

Blending Roles in the Holistic Caregiver Model

- Focuses on meeting the Elder’s needs
- Empowers care partners through cross-training
- Builds stronger relationships
- Elders become well-known
Transition to Holistic Caregiver
• Obtain Commitment from Formal Leaders
• Introductory Training with Leadership Team
• Learning Congress for Care Partners
• Care Partner Cross-Training
  • C.N.A.
  • Restorative
  • Environmental
  • Quality of Life/Activities
• Support
• Celebrate

Questions
If we are unable to get to everyone’s questions this morning, we’ll compile a Q&A document and post it on FHCA’s Website.

Thank you for attending today’s webinar.