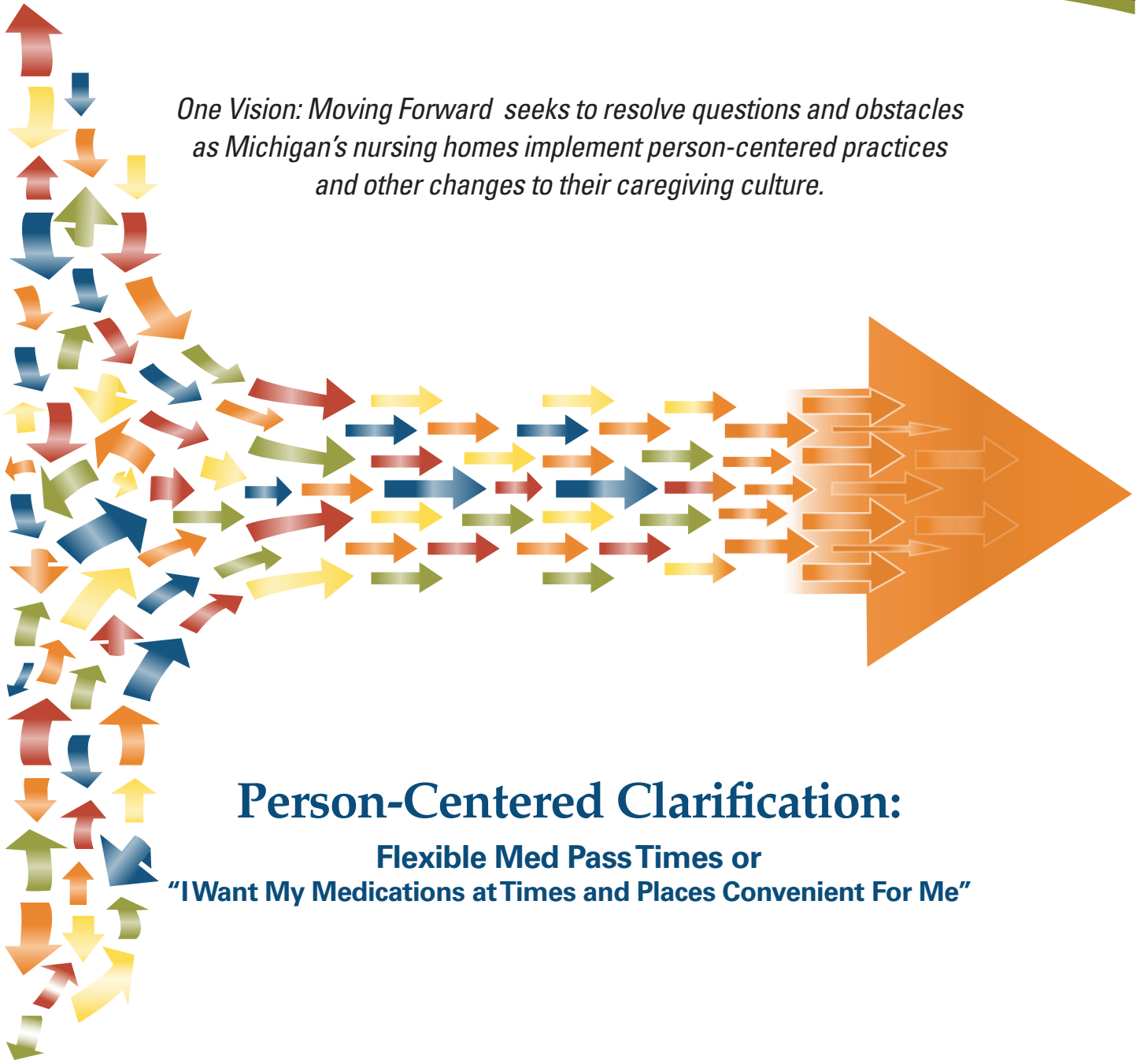


One Vision: Moving Forward

One Vision: Moving Forward seeks to resolve questions and obstacles as Michigan's nursing homes implement person-centered practices and other changes to their caregiving culture.



Person-Centered Clarification:

Flexible Med Pass Times or

"I Want My Medications at Times and Places Convenient For Me"

One Vision: Moving Forward

OneVision: Moving Forward Stakeholders:

Advancing Excellence in
America's Nursing Homes,
Michigan LANE

Alzheimer's Association –
Greater Michigan Chapter and
Michigan Great Lakes Chapter

Health Care Association of
Michigan

LeadingAge Michigan

Medical Services Administration
Michigan Department of
Community Health

Michigan Department of
Licensing and Regulatory
Affairs

The Bureau of Health Systems
The Bureau of Fire Services

Michigan Alliance for Person
Centered Communities

Michigan Campaign for Quality
Care

Michigan County Medical Care
Facilities Council

Michigan Office on Services to
the Aging

Michigan Star Forum

Michigan State Long Term Care
Ombudsman

MPRO

NADONA-Michigan Chapter

“They all wanted to move the field forward, but no one wanted to take the risks of doing it.”

– University of Pennsylvania Alzheimer's researcher

One Vision: Moving Forward seeks to resolve questions and obstacles to implementation of person-centered practices and other culture change initiatives in Michigan's nursing homes, and to address aspects of the wide array of culture change initiatives that pose challenges to the state's regulatory roles and responsibilities.

With the support of civil monetary penalty funding granted by the Michigan Department of Community Health, PHI¹ has been facilitating a work group of committed stakeholders — representing resident advocates, government agencies, provider associations, employee organizations, and culture change champions.

The stakeholders have, through consensus, developed a framework that is being used to address, clarify, and resolve current and future challenges to a person-centered approach in Michigan's nursing homes. As the results of this effort unfold, the stakeholder group is sharing them with the larger long-term supports and services community in documents such as this.

The ultimate goal of the One Vision: Moving Forward initiative is to make it possible for all Michigan's nursing home residents to experience more person-centered caregiving practices and for homes to improve the quality of care, exceeding the already high regulatory standards established by the State of Michigan.

¹ PHI (www.PHInational.org) is a national nonprofit working to transform eldercare and disability services. We foster dignity, respect, and independence – for all who receive care, and all who provide it. The nation's leading authority on the direct-care workforce, PHI promotes quality direct-care jobs as the foundation for quality care.

Person-Centered Clarification: Flexible Med Pass Times or “I Want My Medications at Times and Places Convenient For Me”

Date of Consensus Agreement: October 15, 2013

This clarification seeks to resolve questions and obstacles to implementation of person-centered practices and other culture change initiatives in Michigan’s nursing homes. It was developed through a consensus process involving Michigan state agencies, nursing home organizations, resident advocates, organizations that serve nursing home staff, and organizations promoting person-centered services and culture change. This document is not meant or designed to cover every possible example or scenario. This information is shared with the intent of supporting and promoting high-quality person-centered services in Michigan’s nursing homes.

Topic or question from resident’s point of view:

Taking medications numerous times per day on an inflexible schedule can get in the way of things Residents want to do or are in the middle of doing, or can simply interfere with their rhythm of life. At the same time, the physical and cognitive challenges that many Residents face may cause resistance to taking medications if it is not at a preferred time. Traditional and rigid medication administration may have a negative impact on Residents.

Clarifications of person-centered practices and approaches:

- How are the Resident’s rights to self-determination balanced or actualized with a facility’s responsibility for an error-free medication pass?
- Is there any conflict between the Resident’s preferred time to receive medications and the requirement to be free of “timing errors” in medication administration?
- Under what circumstances can a Resident choose preferred times for medication administration?

Some regulations are perceived as a barrier or deterrent to the Resident’s ability to take medications at a preferred time – for example, upon arising or in a preferred place. F-333, “Residents are free from any significant medication errors,” outlines that facilities must ensure that the Resident does not experience any significant medication errors and that medication errors, within the entire facility, must total less than 5 percent. Timing of the delivery of medications is covered in the regulation; however, the scheduling of medication delivery times is dependent upon facility policy and procedure. In paragraph two under the “timing errors” section of F-333, the surveyor guideline notes, “To determine the scheduled time, examine the facility’s policy relative to dosing schedules. The facility’s policy should dictate when it administers a.m. doses, or when it administers the first dose in a 4-times-a-day dosing schedule.” Additionally, physician’s orders may potentially determine delivery time of medications, such as the number of times per day a drug is to be administered. There are two further indications of requirements for time of administration. One is that a medication may not be delivered greater than one hour before or after designated administration time or, second, at a time other than when it was ordered by the physician.

Because of the interpretation and application of this federal requirement by some state survey agency representatives and facilities’ fear of failing to meet this regulatory requirement, Residents could potentially be denied the opportunity to take medications at a preferred time, yet the regulation does not seem to require such a narrow perspective on the times of giving medications.

According to F-246, “Accommodation of Needs, a resident has the right to reside and receive accommodations of individual needs and preferences, except when the health or safety of the

individual or other residents would be endangered”; and F-242, “Self Determination and Participation, the resident has the right to (3) make choices about aspects of his or her life in the facility that are significant to the resident.” Finally, F-280, “The resident has the right to – unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.” This right should be honored by the facility.

Key factors in individualizing WHEN and WHERE medications are given:

1. Address in facility policy and procedures
 - a. The Physician’s role.
 - b. Medications that must be taken with food or drink.
 - c. How antibiotic medications are to be managed.
2. Address the personal preferences for both the time and place of medications in the individualized care plan.

1. How is the Resident’s right to self-determination balanced or actualized with a facility’s responsibility for an error-free medication pass?

Regulatory requirements are not a barrier to changing when and where medications are given to a Resident, provided the facility’s policies reflect the desire for individualized care and the safe administration of medications as outlined in applicable regulations.

Many traditional nursing homes follow strict medication pass times that interfere with a Resident’s schedule and patterns of living. For example, in some homes, every resident is awakened at the same time so that all medications that are ordered to be taken “upon rising” are given at the same time. However, these traditional practices can change because the regulations allow the facility’s policies and procedure to determine the times and place of medications.

Culture change model nursing homes are setting up new times to pass medication based on the preferences of the Residents and the needs of their homes. In these homes, medications to be taken “upon rising” are given when each Resident wakes up as she/he desires. Other homes are working with physicians to decrease the number of “QID” (4 times per day) and TID (three times per day) medication orders. Instead doctors are asked to use BID (twice per day) or Q-day (once per day) delivery models.

2. Under what circumstances can a Resident choose preferred times and places for medication administration?

As long as the Resident’s choices do not harm themselves or others and are supported by facility medication administration policy, the resident should be able to work with the facility to obtain optimal times and locations for medication administration.

Resources and tools to better actualize resident preferences or needs within the intent of the regulatory standards:

Definition of Person-Centered Planning

“‘Person-centered planning’ means a process for planning and supporting the individual receiving services that builds upon the individual’s capacity to engage in activities that promote community life and that honors the individual’s preferences, choices, and abilities.” MCL 330.1700(g)

The Michigan Department of Community Health (MDCH) and the Department of Licensing and Regulatory Affairs (LARA) hope to facilitate innovation that will increase individual quality of life and satisfaction with service delivery by implementing person-centered planning across all long-term care supports and services. The elements of Person-Centered Planning (PCP) as adopted by the departments are:

- **Person-Directed** – The individual controls the planning process.
- **Capacity Building** – Planning focuses on an individual’s gifts, abilities, talents, and skills rather than deficits.
- **Person-Centered** – The focus is continually on the individual’s life with whom the plan is being developed and not on fitting the person into available services and supports in a standard program.
- **Outcome-Based** – The planning process focuses on increasing the experiences identified as valuable by the individual during the planning process..
- **Presumed Competence** – All individuals are presumed to have the capacity to actively participate in the planning process (even individuals with cognitive and/or mental disabilities are presumed to have capacity to participate).
- **Information** – A PCP approach must address the individual’s need for information, guidance, and support.
- **Facilitation** – Individuals may choose to have an independent advocate/champion to act as facilitator. Facilitation may include pre-planning and conducting the planning meetings. This may be done more effectively by someone outside of the provider organization.
- **Participation of Allies** – For most individuals, person-centered planning relies on the participation of allies chosen by the individual, based on who they feel is important to be there to support them.
- **Health and Welfare** – The needs of the individual must be addressed in a person-centered manner; strategies to address identified health and welfare needs must be supported to allow the individual to maintain his/her life in the setting of his/her choice.
- **Documentation** – The planning results should be documented in ways that are meaningful to the individual and useful to people with responsibilities for implementing the plan.

More clarifications about residents’ right to participate in meaningful activities and maintain control are available to assist residents, their families and advocates, facilities and others are available. Go to: www.phinational.org/onevision.

Related Federal and State provisions:

483.15(b)(1) F-242, Self Determination and Participation, the Resident has the right to (3) make choices about aspects of his or her life in the facility that are significant to the Resident.

483.15(c)(1) F-246 Accommodation of Needs, a Resident has the right to reside and receive accommodations of individual needs and preferences, except when the health or safety of the individual or other Residents would be endangered.”

483.20(d)(2)(i) F-280, A resident has the right to – unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.