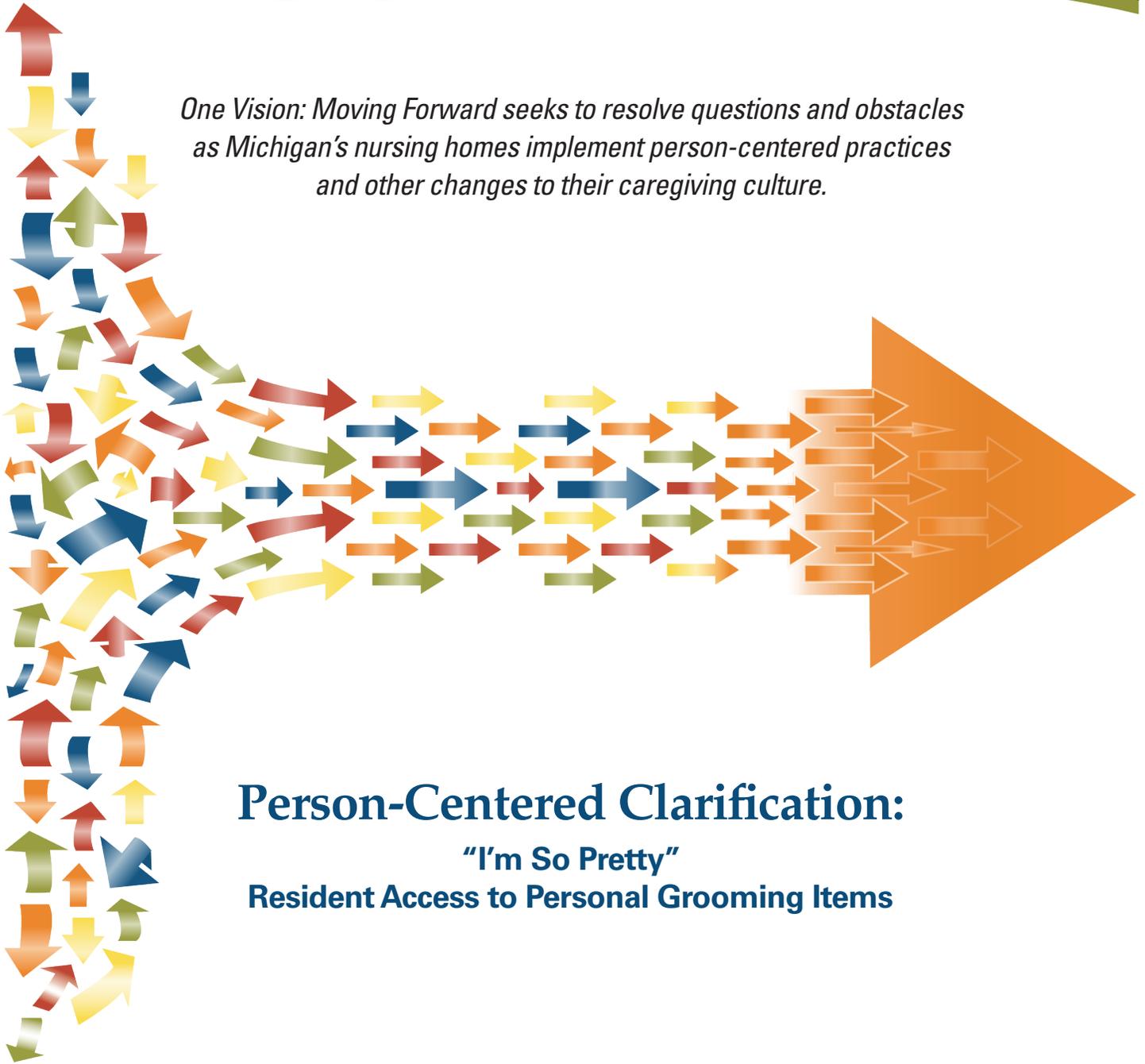


One Vision: Moving Forward

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:

"I'm So Pretty"

Resident Access to Personal Grooming Items

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 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: I'm So Pretty

Date of Consensus Agreement: May 29, 2014

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 from the resident's point of view:

All of my life, I have cared for myself. I don't want to be seen by anyone until I have made myself "presentable." Now I am here, in a nursing home, and I am told I have to ask for my manicure supplies and a curling iron. I still have the ability to curl my hair before breakfast; I have enjoyed taking care of my nails in the afternoon while watching TV. Now my manicure supplies and curling iron are all down the hall someplace.

I know the curling iron and manicure supplies can be a hazard for some of the other residents and I don't want them to get hurt, but I feel like I am treated like a child in kindergarten having to ask for them. The young staff are sweet, and tell me I can have them anytime I want, but they are busy with others that need a lot more care than me and I don't want to bother them.

This whole way of doing things makes me feel a little helpless; I don't want to be a bother and it seems so simple just to let me have what I need to care for myself. I feel silly having to ask, but I feel a little embarrassed if my hair and nails don't look good.

Isn't there a way to allow me, someone who is able, to have the supplies in my room so I can do my nails and hair, and still keep the other residents safe?

The following clarification is sought:

- **How can personal choice be honored with curling irons, grooming items, and manicure supplies?**
- **How do Michigan nursing homes balance risk and safety when honoring the resident's wish to keep personal grooming items close by?**
- **What rules support this process?**

Clarifications of person-centered practices and approaches:

1) How can personal choice be honored with curling irons, grooming items, and manicure supplies?

Items used to provide personal care, such as curling irons and manicure supplies, can present risks to persons who are not able to care for themselves. These items may also tempt those who wander or hoard. Skin tears, cuts, and gouging injuries can all occur from the clippers, tweezers, razors, and nail files. Further, the nail polish and remover are toxic when ingested and the waste products produced (cotton balls or tissues used for cleaning the nails) are also hazardous. The curling iron is a burn hazard. These are all risks and significant safety concerns.

According to **F-323 Accidents**, the following is required: (1) The resident environment remains as free from accident hazards as is possible; and (2) Each resident receives adequate supervision and assistive devices to prevent accidents.

This is the foundation of current policy, which mandates supervision while using items that could be a hazard to the individual or others. It would be a challenge to eliminate the requirements of supervision in the current context, as the items pose a real threat to those who do not know how to use them properly. Even if the resident is one who is able to fully utilize these UL-approved products, residents are not trained to interact with confused individuals who may wander in and attempt to grab or remove some of the items.

That said, there is a sense of pride in ownership. As a person perceives things being taken away, that pride of ownership is undermined. The resident may be concerned their items are being mixed with others into a community pile of supplies.

To help an individual who has the ability to care for himself or herself and expresses the desire to have personal items close by, consider placing the items in the resident's room in a secure way, either in a locked drawer or a locked box. Having items in their room gives residents a far better sense of ownership than the same items in a bin with their name on it in the clean utility room down the hall.

2) How do Michigan nursing homes balance risk and safety when honoring the resident's wish to keep personal grooming items close by?

If proper assessment concludes that the resident is alert and capable, staff may put the items in a locked drawer or a locked box in the resident's room and provide the resident with a key to the box.

Prior to placing items in the locked location, staff should discuss with the resident:

- a) The importance of keeping the items safe and out of the hands of other residents who may not be able to handle them safely.
- b) The usual times that the resident enjoys using the items. This can be a general timeframe, not a specific hour, as the resident may not always use the items at the exact same time each day.

The care plan should include documentation of the decision to store the items in the resident's room under lock and key, and information about when the resident usually uses the products.

Understanding how and when the resident uses the product, staff are better prepared to look for the items being used, when the items might be done being used, and when to perform a non-intrusive visual inspection to assure no items have been left out.

The amount of supervision required would be based upon the individual's ability to use the items safely, and the risk of other residents intruding (staff being aware of the environment).

For this solution to work well, staff need to be fully educated on individual rights to ownership and how this solution honors the person's wishes. Staff may be concerned because this solution carries a certain level of risk.

The goal of person-centered care is to balance this risk with consideration for the resident's wishes. Risk mitigation is an important part of providing what the resident wants or desires. Staff should be educated to look for the items even at times when they would not be expected to be in use, and to assure the drawer or the box is locked. This periodic checking for safety—while also ensuring residents are able to satisfy their desire to take care of their personal appearance—demands constant creativity from facility staff.

3) What rules support this process?

F-246 Accommodation of Needs, a Resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.

F-242 Self Determination and Participation, the Resident has the right to make choices about aspects of his or her life in the facility that the person views as significant.

F-279 Comprehensive Care Plan, (A facility must)...use the results of the assessment to develop, review and revise the resident's comprehensive care plan.

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) 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) F-279, Comprehensive Care Plan, (A facility must)....use the results of the assessment to develop, review and revise the resident's comprehensive care plan.

483.25(h) F-323 Accidents, the Resident environment remains as free from accident hazards as is possible; and each Resident receives adequate supervision and assistive devices to prevent accidents.