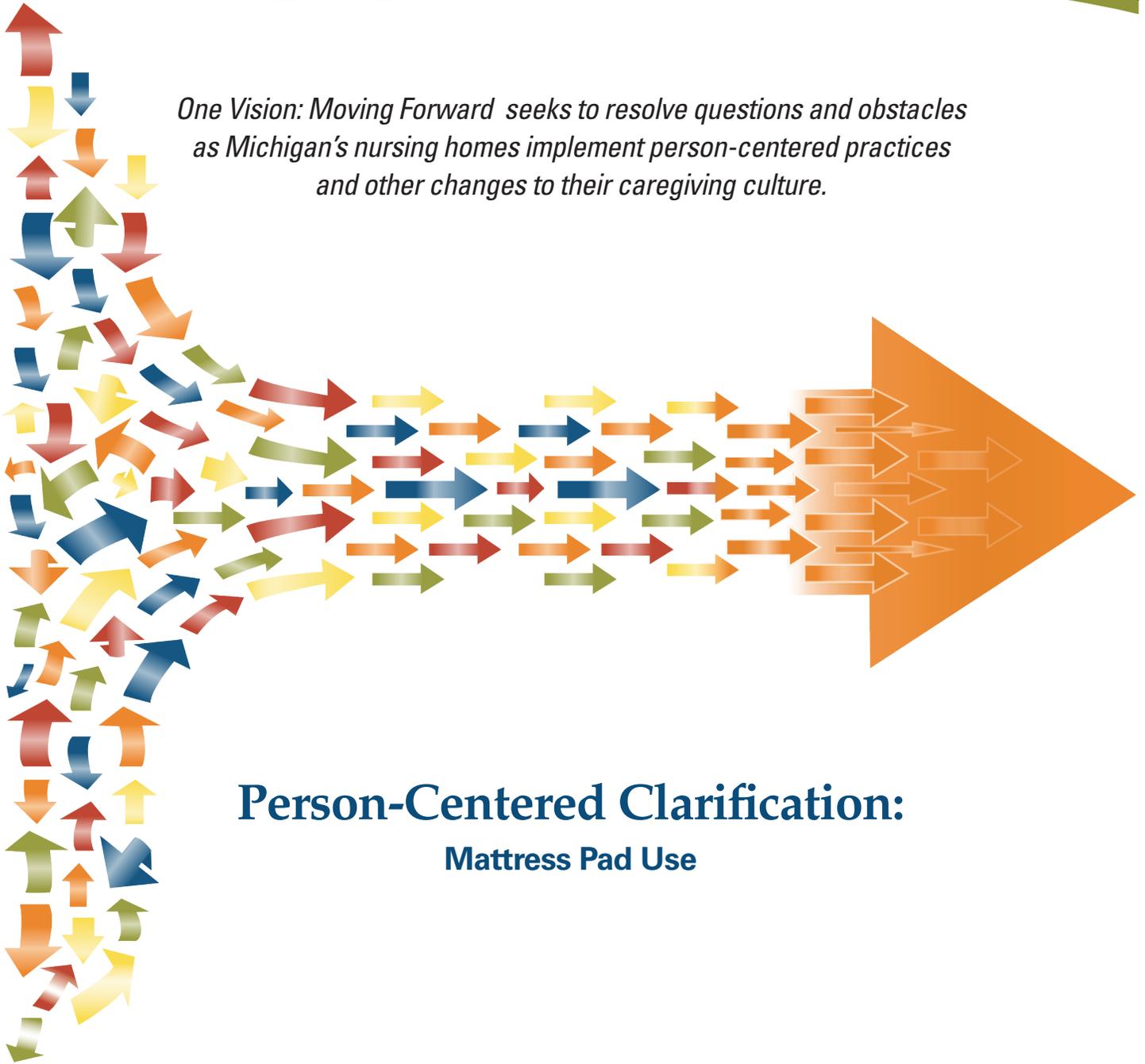


One Vision: Moving Forward

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: Mattress Pad Use

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: Mattress Pad Use

Date of Consensus Agreement: March 19, 2012

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:

Sleep is a necessity for optimal health and well-being and how that therapeutic level of sleep is attained is as individual as the person.

The state rule requiring use of a mattress pad may diminish the efficacy of some pressure reducing mattresses. The use of a mattress pad is also sometimes objectionable to the resident for various reasons.

The following clarification is sought:

- **Is every resident's bed in a nursing home required to be covered with a mattress pad?**
- **Is there a process to follow when a pressure-relieving specialized mattress is clinically indicated for a resident and the manufacturer's guidelines recommend against use of the special mattress in conjunction with a mattress pad?**
- **Is there a process to follow when the resident simply does not want a mattress pad used?**
- **Is there a waiver process for this requirement?**

Clarifications of person-centered practices and approaches:

1. Is every resident's bed in a nursing home required to be covered with a mattress pad?

Yes. However, please note the exceptions below.

2. Is there a process to follow when a pressure-relieving specialized mattress is clinically indicated for a resident and the manufacturer's guidelines recommend against use of the special mattress in conjunction with a mattress pad?

Yes. Nursing staff should use the specialized mattress without a mattress pad as recommended by the manufacturer. The rationale for this change should be discussed with the resident and his or her designees and documented in the resident's clinical record. The nursing staff must provide proper infection control practices according to the manufacturer's guidelines and the nursing home's policy and procedure for cleaning specialized mattresses.

3. Is there a process to follow when the resident simply does not want a mattress pad used?

Yes. The care planning team, which includes the resident and his/her designee, should discuss the resident's preference and determine if adequate and appropriate care can be provided to the resident while accommodating his or her expressed preference. The decision should be documented in the clinical record. The nursing home's policies and procedures must address appropriate infection control practices in light of the resident's preference.

4. Is there a waiver process for this requirement?

No. We do not have the authority to waive the law. Members of the public who want to change current nursing home rules should contact their State Legislators.

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/onevisio

Related federal and state provisions:

F 246: Each resident has the right to reside and receive services with reasonable accommodation of individual needs and preferences except when accommodations would endanger the health or safety of the resident or other residents.

F 250: Each facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.

F 280: Each resident has right to ... participate in planning care and treatment or changes in care and treatment.

Michigan Nursing Home Rule: 711(3)(a): Each bed shall be maintained as follows: (a) Covered with a mattress pad.

Michigan Public Health Code: 20201(2)(f): A patient or resident is entitled to refuse treatment ...and to be informed of the consequences of that refusal.

Michigan Public Health Code: 20201 (3)(d): A nursing home patient...is entitled to the opportunity to participate in planning his or her medical treatment.