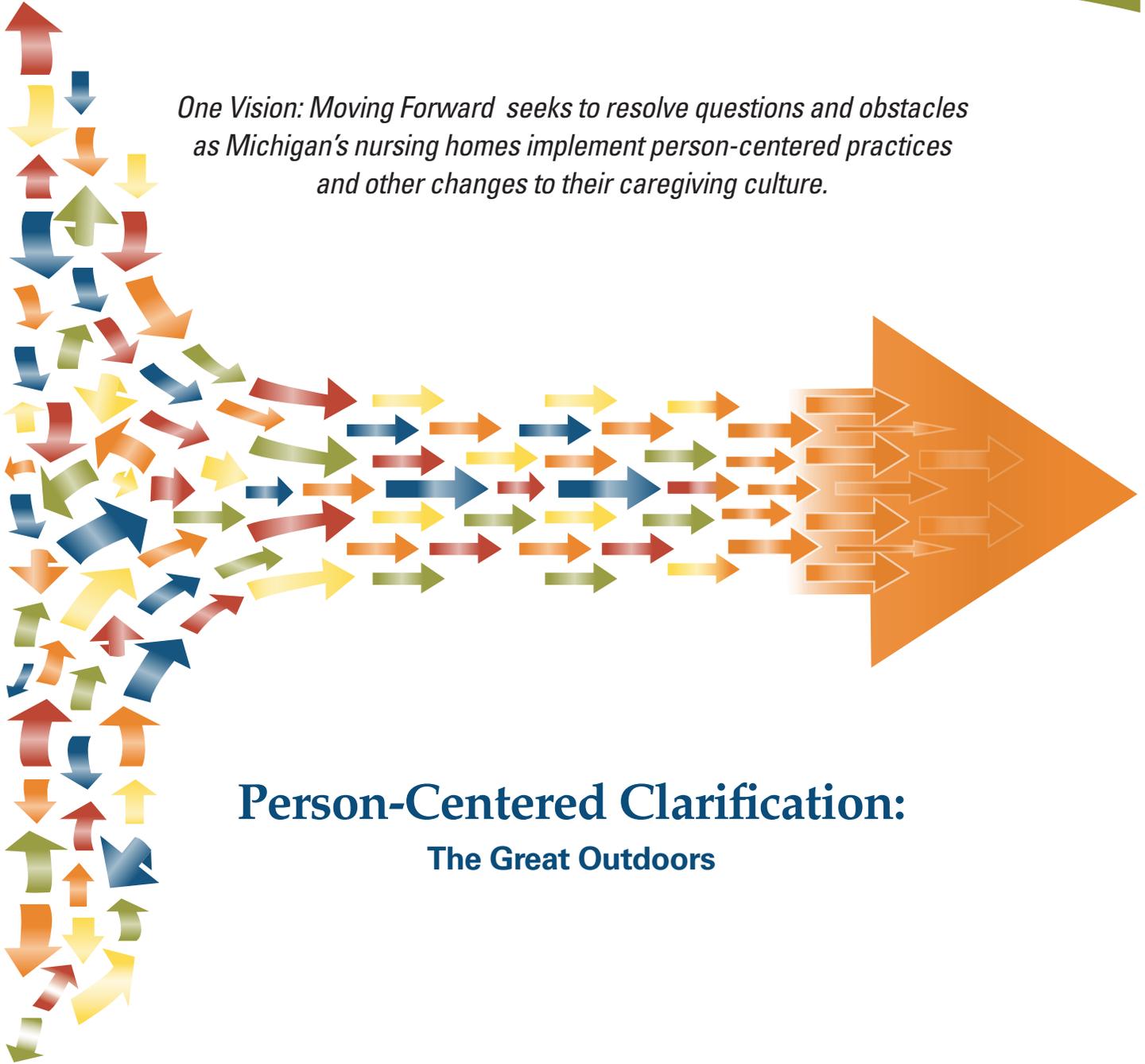


One Vision: Moving Forward

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: **The Great Outdoors**

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: The Great Outdoors

Date of Consensus Agreement: February 3, 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 or question from resident's point of view and clarification questions:

Going outside to breathe fresh air, feel the sunshine, and be in nature is beneficial and necessary for the optimal health and well-being of human beings, including those who live in Michigan's nursing homes. Residents, regardless of cognitive ability, desire the freedom, opportunity, and control to go outdoors when they choose.

At the same time, the physical and cognitive challenges that many residents face require supportive services, barrier-free designs, and other accommodations for their successful access and enjoyment of the great outdoors. And, Michigan weather conditions regularly require preparations and supports.

Some residents, families, and facilities, as well as the larger community perceive that regulations are a barrier or deterrent to the resident's freedom to make and actualize the decision to go outdoors.

F-tag 323: 483.25(h) Free of Accident Hazards/Supervision/Devices, outlines that facilities must ensure that the resident environment remains as free from accident hazards as possible and that each resident receives adequate supervision and assistive devices to prevent accidents.

Inherent in life is the fact that no environment where humans live, work, or visit can be guaranteed to be hazard- or accident-free. The intent of this requirement is to ensure the facility provides an environment that is free from accident hazards over which the facility has control and that the facility provides supervision and assistive devices to each resident to prevent avoidable accidents.

The resident's environment includes the physical surroundings to which the resident has access (e.g., individual rooms, some staff offices and treatment areas, common use areas and facility grounds, etc.). Some facilities are upgrading outdoor space with amenities such as walking paths, accessible and secure outdoor terraces, fencing, ornamental lighting at building entries, comfortable outdoor chairs and tables, and flowering shrubs and plants.

The following clarifications are sought:

- **How is a resident's desire to spend time outdoors actualized and accommodated by a facility?**
- **How does a facility remain as free as possible of accident hazards and prevent accidents?**
- **When does the need to prevent accidents trump the resident's desire and right to go outdoors?**

Clarifications of person-centered practices and approaches:

1. How is a resident's desire to spend time outdoors actualized and accommodated by a facility?

The person-centered approach is to breathe fresh air, feel the sunshine, and be in nature, all of which are beneficial and necessary for the optimal well-being of human beings. That residents, regardless of cognitive ability, desire the freedom, opportunity, and control to go outdoors when they "choose" should be embraced. This is consistent with the philosophy of nursing home regulations that assure each resident receives necessary care and services to attain and maintain the highest practicable physical, mental, and psychosocial well-being of the resident.

The first step to actualize and accommodate the resident's desire to go outside is through the assessment and care planning process. During the assessment process—which is grounded in resident-directed, person-centered principles—the resident will outline his/her patterns, preferences, and desires for outdoor activities during the assessment process. This information, along with the cognitive and functional capacities of the resident, form the basis for planning how to actualize the resident's stated preferences for outdoor activities.

None of this information is static—preferences as well as cognitive and physical capacities are transitional and situational. For example, the resident who rarely leaves her floor now wants to participate in the Fall Hay Ride; or, a change in weather may reduce the physical capacities of a resident with arthritis. Choice is person-directed if the resident is in control (or the resident's legal representative if the resident is unable to directly express his/her wishes and desires).

As a result of individualized assessments and care plans, the facility will be called upon to serve a wide range of resident desires, preferences, needs, and cognitive and functional capacities. And all these elements change.

Special circumstances are identified by an assessment that focuses on the person's individual abilities, talents, skills, customary routine, physical functioning, disease conditions, and health conditions. The care team uses these to creatively plan for an outcome goal or objective, assisting the resident to work within limitations and/or maximize their talents and gifts. The plan would describe how the resident envisions what would occur, how long would they like to be out, and what provisions need to be made so the outdoor activity is safe as well as meaningful and enjoyable.

Another special circumstance may be an elderly resident whose behaviors stem from dementia. Time spent outdoors in a secured area may actually be calming if this evokes memories of the resident's passion for gardening, strolling, or hiking. The resident's care plan should reflect his/her desire to go outdoors, with nursing home staff providing the necessary supports for the resident to come and go as he/she wishes.

Residents using assistive devices to promote mobility (motorized wheelchairs and scooters, walkers, canes, etc.), and residents receiving special treatments (oxygen therapy, tube feeding, etc.) are likely to need added support to go outdoors. The resident's special circumstances, whether resident-driven (physical limitations, disease or illness, behavioral problem, etc.) or facility-driven (lack of a fenced area, structural problems, facility policy, etc.) should not automatically inhibit or prevent the resident from going outdoors.

The interdisciplinary team with the resident and/or their legal representative should creatively work around these barriers to pursue the resident's desired experience and goal. A thoughtful, accurate person-centered care plan will be the key to successfully honoring a resident's preference and choice.

2. How does a facility remain as free as possible of accident hazards and prevent accidents?

Facilities do have a responsibility to minimize hazards and accidents while promoting self-determination and person-centered care.

Facilities must protect the resident's right for self-determination and choice while simultaneously keeping the resident safe by ensuring an environment that is as free from accidents and hazards as possible.

Mindful of the needs, preferences, and cognitive and functional capacities of the residents, each facility needs to assess its unique physical outdoor grounds and environment. Is the home bordered by major roads or cornfields? What areas of the grounds are paved or fenced or heavily landscaped? What other structures or outbuildings sit on the site? What crosses the property—power lines or pipelines?

These and other elements should determine how the grounds and environment are both prepared and maintained for use by residents and others. The facility must provide ongoing maintenance and inspection as needed to ensure the facility's grounds and environment areas are as hazard-free as possible.

There are various ways to prevent accidents while supporting residents who want to go outdoors. Fencing may be needed. Another way to provide security for the resident outdoors is to have staff accompany them. In this instance, it is the presence of facility staff that ensures that accidents are avoided.

Is the facility culpable for any injury that has occurred while outdoors? To the extent that the situation meets the following three criteria an injury or accident may be deemed unavoidable: the resident was thoroughly assessed, the specific activity related to the great outdoor experience was carefully planned, and the plan was evaluated and modified to meet the resident's changing needs.

3. When does the need to prevent accidents trump the resident's desire and right to go outdoors?

Both objectives and outcomes must be served; one cannot be assumed to trump the other.

A resident has a right to participate in activities of his/her choice according to his/her interests and physical, mental, and psychosocial well-being. The facility should provide activities of choice, including outdoor activities. A resident should be provided access to outside areas, with individualized safety interventions based on the individualized care plan and modified as needed to assure health, safety, and well-being with regards to weather conditions and acts of nature.

Assumed, informed risk is the resident's right and choice. Facilities have a responsibility to explain to residents the possible risks of their choices. Outdoor activities in winter weather call for winter clothing for comfort and protection. An approach that asks the resident how he/she can be most comfortable outdoors will likely be more successful than a statement that "the rules require you to wear a coat, hat, and gloves."

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

State Person-Centered Planning Definition and Elements:

"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:

1. 42 CFR 483.15(b): The resident has the right to:

- Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care;
- Interact with members of the community both inside and outside the facility; and
- Make choices about aspects of his or her life in the facility that are significant to the resident.

2. 42 CFR 483.25(h): The facility must ensure that:

- The resident environment remains as free from accident hazards as possible; and
- Each resident received adequate supervision and assistive devices to prevent accidents.

3. CFR. 483 10 Resident’s rights

The resident has a right to a dignified existence, self-determination, and communication with access to persons and services inside and outside the facility.

4. F 246 CFR. 483. 15 (e) Accommodation of needs

A resident has the right to-

(e) (1) –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;

5. F 248 CFR. 483.15 (f) Activities

(f) (1) The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interest and the physical, mental, and psychosocial well-being of each resident.

6. F 271 CFR. 483.20 Resident assessment

The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.

7. F 279 CFR. 483.20 (d)

(A facility must...) use the results of the assessment to develop, review and revise the resident's comprehensive care plans.