Person-Centered Care Planning

The Centers for Medicare and Medicaid Services (CMS) defines Person-centered planning as a process, directed by the family or individual with long term care needs, intended to identify the strengths, capacities, preferences, needs, and desired outcomes of the individual. The family or individual directs the person-centered process; this means that the resident or their family member is an equal partner in the planning of their care. It means ensuring that each resident or individual acting on the resident's behalf is involved in negotiating a care plan that is specific to their individual likes, dislikes, and needs. It is important to note that in addition to the resident, facility staff, inclusive of the Certified Nurse Aide be present during conversations and meetings about the care plan (CMS Person-Centered Planning Definition. https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/clinResourcesMain/rrToolkit/rrPCPdef.pdf). **F252 states that a "homelike" or homey environment is not achieved simply through enhancements to the physical environment. It concerns striving for person-centered care that emphasizes individualization, relationships and a psychosocial environment that welcomes each resident and makes her/him comfortable.**

Federal Regulations – Comprehensive Care Plans:

Currently, F279 – §483.20 (k) Comprehensive Care Plans requires that a facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. As a change to the SOM, under the reform to the requirements for long-term care facilities, in November 2017, F279 will be updated to include §483.21(a) Baseline Care Plans requiring that facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. Additionally, F279 §483.20 (k) will be updated to §483.21 (b) Comprehensive Care Plans to provide additional information related to the addition of care planning in any specialized services that a resident may need.

How to create a Person-Centered Care Plan:

First and foremost it is important to understand that a person-centered care plan is one in which the focus is on what is important to the resident, his/her capacities, and the resident's available supports. The main focus of the person-centered care plan should be the quality of the resident's life as he/she defines it. There are several steps in the care planning process that you will want to become familiar with, including:

- Preparation: Understanding the resident and their situation, gathering information, encouraging others who know the person to contribute their perceptions and ideas.
- Pre-planning: Working with the person/guardian to review information, set priorities, determine an agenda, and invite people to join in the planning process
- Action Planning: Identifying the resident's needs and desires and developing action steps to accomplish his/her goals. Action planning is often done in a team meeting. Action planning can also be done through a series of conversations with different people.
- Quality Assurance: Making sure the documentation meets standards and requirements.
- Implementation and Monitoring: Following through on action steps, checking progress, and revising the plan as necessary.

As a part of the care planning process, it is important that personalized alternate interventions be used for residents as necessary. Music and Memory is one such intervention that has been proven successful by providing residents with iPods that contain personalized music play lists. The musical favorites of each individual taps deep memories that can bring the resident with dementia back to life, enabling them to converse, socialize with others and stay present. Case examples and sample care plans that include interventions such as Music and Memory start on page 2.

Care Planning Dementia-related Targeted Behaviors

Case Example: Mrs. Smith is a resident with severe cognitive impairment, having a primary diagnosis of dementia with behaviors, and a secondary diagnosis of psychosis NOS. She has been known to grab or strike out at her CNAs while they are assisting her with getting dressed. She can also become verbally abusive by cursing and using other obscenities upon movement of her arms and legs.

Date	Problem	Goal	Approaches/Interventions	Discipline
04/23/14	Mrs. Smith is known to exhibit daily physically and/or verbally abusive behaviors during ADL care.	Mrs. Smith will experience no more than 4 episodes of abusive behavior per month.	• Address unmet needs such as, hunger, thirst, hot or cold room temperature, need for toileting, dignity and privacy, etc., and attempt to anticipate her needs before in-room ADL care. • An hour prior to the start of the ADLs, allow Mrs. Smith to listen to her iPod with her personalized playlist. • While providing for Mrs. Smith's shower, disconnect her earphones and plug her speaker in to her iPod and take it to the shower room (keeping it out of the way of the water), as Mrs. Smith remains calm while listening to her music during her shower. • Watch and report the behavioral and physical expressions of pain or discomfort to the nursing staff. • Document and routinely assess for pain using the PAINAD scale (best during movement). • Lower loud background noises such as the TV or radio while providing in-room ADL care. • With a slow, clear, and even tone, tell Mrs. Smith your step-by-step movement actions before shifting her body parts. • Cursing can be Mrs. Smith's way of communicating that "I'm not comfortable". De-escalate behaviors by talking to her about her time baking pies (identified as a favorite activity through assessment).	All staff CNA CNA CNA LVN CNA All staff All staff

Case Example: Mrs. "Betty" Garcia is a resident with mild cognitive impairment and diagnoses of dementia, episodic mood disorder, anxiety, and depression. She has several crying spells and repetitive vocalizations throughout the day that become more pronounced in the evening and at bedtime. She has been known to throw items on the floor when upset.

Date	Problem	Goal	Approaches/Interventions	Discipline
08/04/13	Mrs. "Betty" Garcia may become upset due to unknown causes and may have crying spells	Mrs. "Betty" Garcia will have less than 3 crying spells per week.	• Always call me by my preferred name of "Betty". • Allow Betty time to listen to her personalized playlist on her iPod, as this calms her down and prevents her from becoming upset. The amount of time may vary depending on how Betty's day is going • Stop by Betty's room for a drop in "hello" to see how she's doing or brief encounter in the halls. Listen to what Betty is saying to gain insight into her emotional state and underlying mood. • Cue Betty by reminding her of each day's activity, and let her know that she is a valuable member of the group. • Ensure Betty lies down in her quiet room to nap after lunch.	All staff All Staff All staff Act. Dir.

			• Identify when she is anxious to prevent her from becoming upset. Watch for triggers such as recent family phone calls, upcoming holidays and/or her birthday. • Sit with Betty when she is having a crying spell to offer reassurance and dispel her worries. • Provide positive feedback for all accomplishments. • When Betty gets overly upset offer the comfort items identified as her favorite things such as: her picture book, her blue scarf, a glass of Diet Dr. Pepper, and/or the build-a-bear her granddaughter gave her.	CNA All staff All staff All staff All staff

Case Example: Mr. Lee is a resident with moderate cognitive impairment and a primary diagnosis of dementia requiring total assistance due to hemiplegia. He is sometimes disoriented to both time and place, and misinterprets ADLs provided by female CNAs. Mr. Lee will attempt to fondle female caregivers that provide peri-care and shower assistance due to his belief that they are trying to be sexual with him. He will sometimes have delusions that female brunettes are his wife, and will call them his wife's nickname "Sookie".

Date	Problem	Goal	Approaches/Interventions	Discipline
01/15/12	Mr. Lee becomes disoriented during peri-care and shower. He believes these are attempts at initiating sex.	Mr. Lee will remain oriented during any peri-care or showers performed by staff.	• Educate family members and current/new staff members on sexually-related dementia behaviors and the need for intimacy with older adults. • If staffing permits, assign a male caregiver to perform assistance with peri-care and showers. • Before performing peri-care and shower assistance, attempt to reorient Mr. Lee to the current time and place by talking about the current events happening in the nursing home. • An hour prior to beginning care, provide Mr. Lee with his personalized playlist on his iPod. Using the speaker with his iPod, take the music with you to the shower room (keeping it out of the water), as this helps to reorient him and allows for staff to provide his care without him having sexually-related behaviors. • While showering Mr. Lee, promote independence by providing him with a washcloth to assist. • While performing ADL care that may be misinterpreted for sexual acts, voice that you need to "wipe" or "clean" before performing the action. • When a sexual behavior occurs, remain calm and professional and gently yet firmly redirect the behavior at that moment by telling Mr. Lee that it is inappropriate and unacceptable. • When Mr. Lee calls out for "Sookie", reorient him with your correct name and provide diversional activities such as a magazine, news on TV, a beverage, or a snack.	All staff DON CNA CNA CNA CNA CNA All staff

Case Example: Mr. "Rusty" Jackson is a resident with severe cognitive impairment and extremely limited short-term memory due to dementia caused by a history of boxing related head concussions. He has maintained his functional and physical abilities, and is able to ambulate by walking with a cane. He is able provide his own ADL care when cued in a timely manner, but will frequently wander and rummage about looking for needed items.

Date	Problem	Goal	Approaches/Interventions	Discipline
04/30/11	Mr. “Rusty” Jackson wanders about the facility daily and will sometimes rummage in other residents’ rooms.	Mr. “Rusty” Jackson will be able to ambulate safely without disrupting other residents.	• Make sure that Rusty has his cane with him while ambulating. • Engage Rusty in group activities (especially exercise related), and provide him with individualized meaningful projects that he will accomplish throughout the day. • Allow Rusty to have his iPod that has his personalized playlist for as long as he would like, as this will provide him with an activity that he can do that he enjoys. • Rusty will not remember to self-hydrate, and can become dehydrated due to his excessive wandering. Ask Rusty to sit, and then place a glass of water and small snack in front of him and cue him to eat and drink. • Rusty is on a toileting program, ask if he needs to use the bathroom every 2 hours. If he needs to use the restroom show Rusty where the restroom is located. • If Rusty attempts to wander into other’s rooms, ask him what he is looking for. He normally responds with “I don’t know” and is often looking for his keys and wallet. Assist him to his room and open his top draw so he can rummage safely. • Rusty will sometimes like to wear a hooded sweatshirt on his head as a form of comfort/security.	All staff Act. Dir. All staff All Staff CNA All staff CNA