

Person-Centered Care



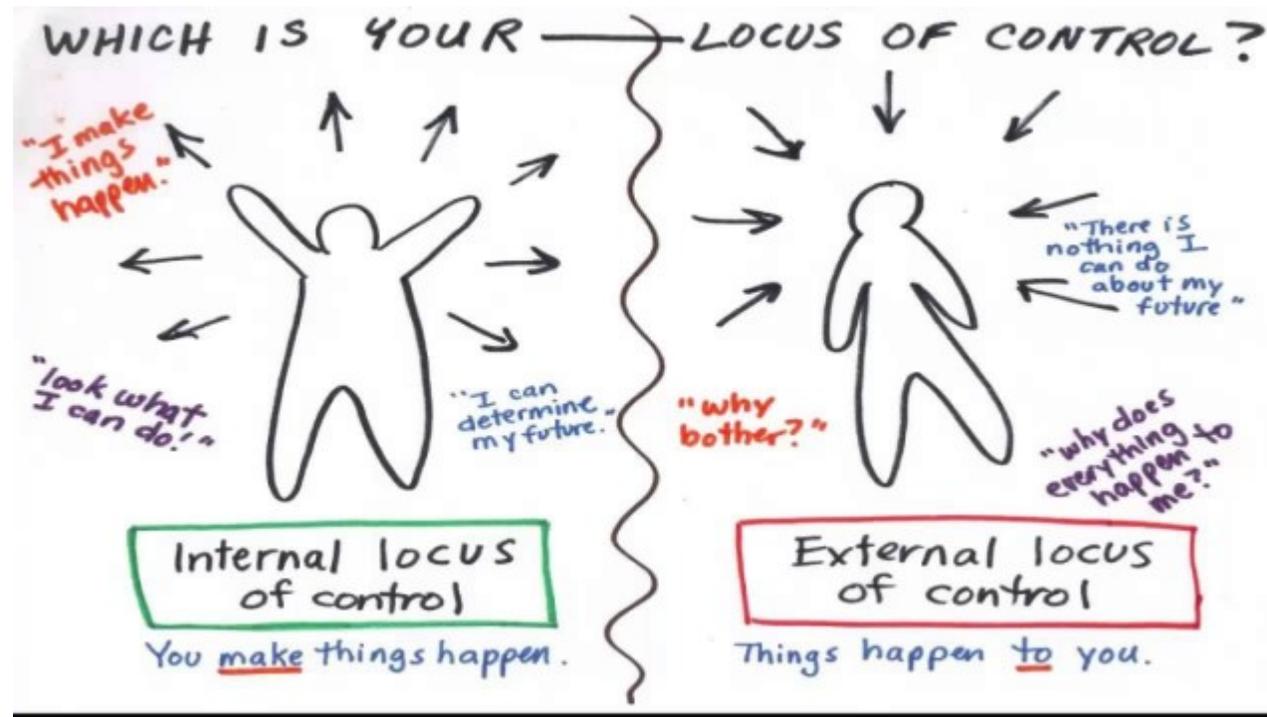
Division of Nursing Homes

Themes of the Final LTC Rule

- **Person-Centered Care**
- Quality
- Facility Assessment, Competency-Based Approach
- Alignment with Department Priorities
- Comprehensive Review and Modernization
- Implementation of Legislation

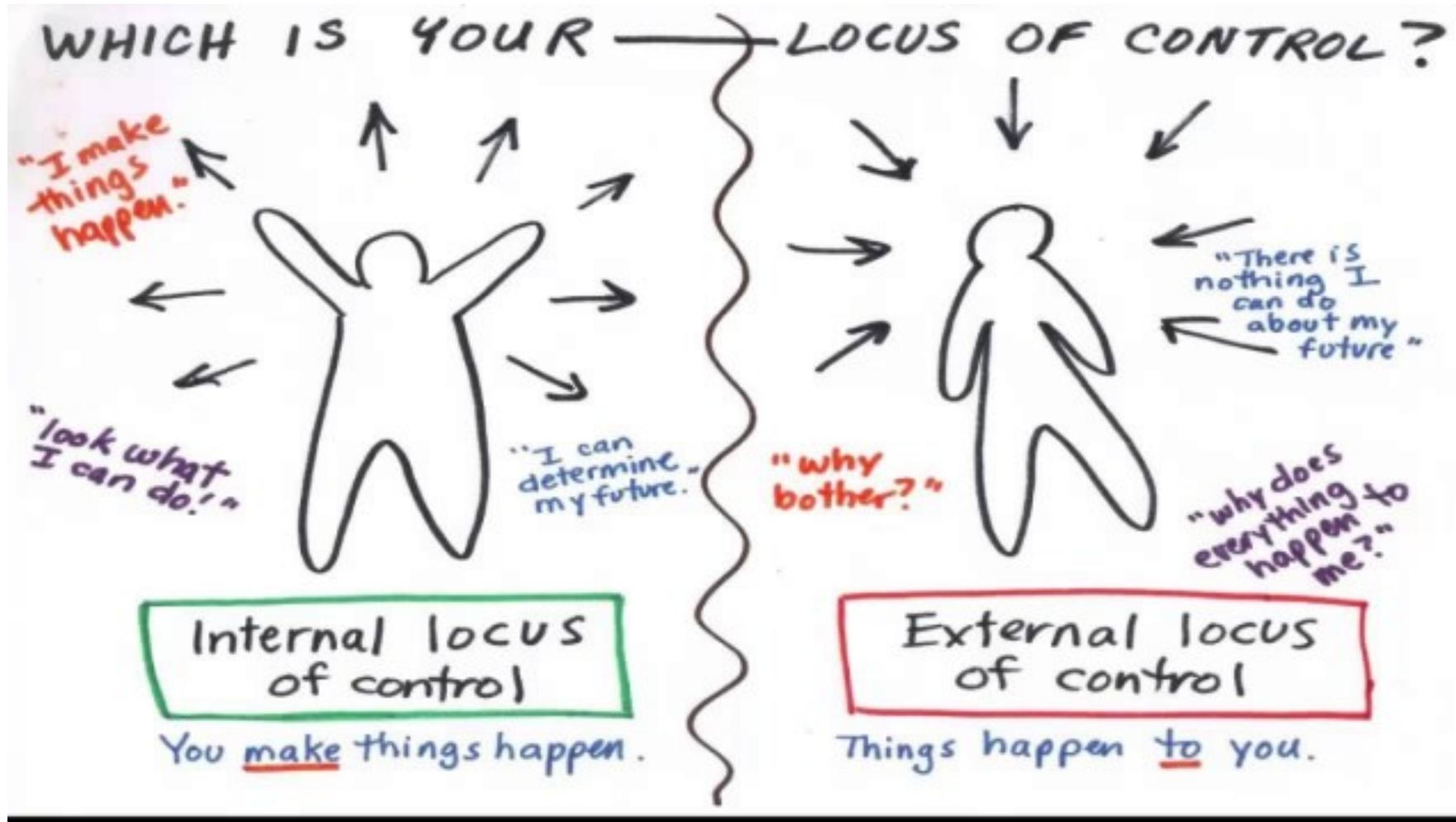
Definition of Person-Centered Care

Person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.



 Key Point: Residents having choice and control over their individual care

Locus of Control



§ 483.10 Resident Rights - New

§ 483.10(c) Planning and Implementing Care (F552/F553)

- Right to be informed in advance of risks and benefits of proposed care/treatment, treatment alternatives, and choose the alternative of his or her choice;
- Right to identify individuals to be included in care planning;
- Right to request meetings or revisions to the care plan;
- Right to establish expected goals and outcomes; and
- Right to see the care plan and sign after any significant changes.

§ 483.10 Resident Rights - New

§ 483.10(c) Planning and Implementing Care (F552/F553)

The facility must inform the resident of the right to participate in his/her treatment and support the resident in that right by:

- Facilitating the inclusion of the resident or representative;
- Include an assessment of the resident's strengths and needs; and
- Incorporate the resident's personal and cultural preferences in developing goals of care.

§ 483.10 Resident Rights - Existing

Right to:

- F554 – Self-Administer Medications
- F555 – Choice of Attending Physician
- F557 – Retain and use Personal Possessions
- F558 – Accommodation of Needs
- F559 – Share a room with spouse, or roommate of choice
- F561 – Self-Determination
- F563 – Receive Visitors of his or her choosing, at time of his or her choosing

§ 483.10 Resident Rights - Existing

Right to:

F564 – Facility must: Inform resident/representative of their visitation rights, related policies, including any restrictions.

F565 – Organize/participate in groups; facilities must:

- Provide private space;
- Take steps to make residents and family aware of meetings in timely manner;
- Provide staff who is approved by group to provide assistance; and
- Demonstrate a response/rationale to grievances/recommendations by the group.

§ 483.10 Resident Rights - Existing

Right to:

F573 – Access Personal/Medical records

F576 – Access to Telephone/reasonable access to internet, and send mail – with the right to privacy

 Key point – The Resident Rights section contains many provisions which directly support residents having choice and maintaining control over their lives while residing in a nursing home.

§483.21 Comprehensive Person-Centered Care Plan

F655 – Baseline Care Plan – Person-Centered; Initial Goals of the Resident; and Summary to Resident/Representative

F656 – Comprehensive Person-Centered Care Plan – Person-Centered; consistent with Resident Rights; Developed with Resident/Representative; Resident's Goals for Admission and Discharge; and Desired Outcomes

F657 – Comprehensive Person-Centered Care Plan – Developed with Participation of Resident/Representative

§483.21 Comprehensive Person-Centered Care Plan

F660 – Discharge Planning Process – Resident’s Discharge Goals; Residents to be Active Partners; and Address Resident’s Goals of Care/Treatment Preferences

F661 – Discharge Summary – Post-Discharge Plan of Care Developed with the Participation of Resident and/or Representative

 **Key Point** – Emphasis on Person-Centered Care Planning which gives residents choices and a sense of control.

§483.24 Quality of Life - F675

Quality of Life:

An individual's “**sense of well-being**, level of **satisfaction with life** and feeling of **self-worth** and **self-esteem**. For nursing home residents, this includes a basic sense of **satisfaction with oneself, the environment, the care received**, the accomplishments of desired **goals**, and **control** over one's life.”

 **Key Point:** Principles of Quality of Life are:

- Sense of Well-Being
- Satisfaction with Life/Oneself
- Self-Worth/Self-Esteem
- Satisfaction with environment and care
- Goals
- Control

§483.25 Quality of Care F684

§ 483.25 Quality of care

Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents.

Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following.

§483.60 Food and Nutrition

F800 – Nourishing, palatable, well-balanced diet that meets nutritional and special dietary needs, taking into consideration the **preferences** of each resident.

F803 – Menus reasonably reflect the **religious, cultural and ethnic needs** of the resident population, as well as input received from residents and resident groups.

F809 – Residents receive meals in accordance with needs, preferences, requests, and care plan; and suitable, nourishing alternatives at non-traditional times.

 **Key Point** – Facilities are not required to provide every possible religious, cultural, or ethnic diet. However, these factors should be considered with respect to the population served, as well as input from residents and resident groups.

§483.70 Administration – Facility Assessment

483.70(e) Facility Assessment – F838

(1) The facility's resident population, including, but not limited to,...

(v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.

 Key Point – Facilities are expected to know their capabilities and capacities when admitting residents, this includes ethnic, cultural, or religious needs that must be met.

§483.70 Administration – Facility Assessment

Example: If a facility had a resident population with a large number of residents under the age of 30, does the facility assessment address the cultural needs of that population?

 Key Point – This type of population would require activities that would meet the needs of younger residents.

Person-Centered Care

Person-Centered Care:

- A central theme to the Final Rule;
- Supported directly and indirectly by many regulatory sections in the requirements for participation;
- Focus on the resident as the locus of control; and
- Supports each resident's choice and gives them sense of control.

Acknowledgements

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