Ohio Person-Centered Care Coalition connections

August 2015 Issue #5

Message from the President

What "Person-Centered Care" Means to Me…

Shelly Szarek-Skodny, LNHA
President, OPC3

The idea of Person-Centered Care or (PCC) has only been introduced in the past 20 years. The core principals of PCC include assurance of individuality, choice, dignity, respect, and independence. At the heart of PCC is the idea of choice, and that every person deserves to make their own choices. For some, this may mean sleeping in and having breakfast at a later time. This may seem like a simple choice, but for many elders it's not that simple. For years traditional facilities have been based on a model of care that is focused on task-oriented efficiency. Staff duties often come before elder's choices. Elders are directed when to eat, enjoy activities, and even when they can shower, all in the name of efficiency. PCC rebalances the work priorities to focus on the elder rather than the tasks that need to be accomplished

To me, person-centered care means that we take time to connect with the person as a unique individual. Even if a person cannot speak, as in late dementia, they often express those feelings and needs in other ways—through their eyes, their facial expression, and their body language.

To me, person-centered care means slowing down enough to just "be" with the person for a few minutes—to look beyond the endless to-do list of caregiving and enjoy the person. Person-centered care also builds on the person's strengths and what they enjoy. Through the final stages of dementia, many residents seem happiest outdoors or listening to music. LISTENING takes time, but we learn how to serve individuals when we ask the open ended questions.

Caregivers may treat residents as a diagnosis, not a person. If a loved one needs a rehab center or other care facility, how does the family find one that is truly person-centered? Do the staff offer hugs, hold the residents' hands, and offer to dance with them, look them in the eye and talk to them? Or is it all business, with residents left alone for hours with no human interaction? When an aide carries a dinner tray to a resident, do they plop it down with no comment or do they take a moment to smile, make eye contact and say hello, using the resident's name? When the aides feed those who must be spoon-fed, do they talk only amongst themselves, or do they, again, make eye contact with the residents they are feeding and talk to them? Does the leadership model person-centered care?

As the incoming President of this coalition, I want our membership to know how committed the new twenty-three member board feels about their role of leadership. We held a Board Kick-Off meeting with the goal of understanding why each board member is committing their time, treasure and talents. I am proud to be able to serve with each outstanding individual and look forward to our ability to bring you the tools and education to improve serving your seniors.

We all agree that Person-centered care, or patient centric care evolves differently in each setting of care, acute, nursing facility, assisted living or home environment. The setting may be different, but the concept is the same. Our organization will continue to offer membership resources and education to carry the mission onward.

Thank you for LISTENING to the VOICE of the consumer!

Please visit our website http://www.centeredcare.org/ .

Ohio Person-Centered Care Coalition

connections

August 2015 Issue #5

TIPS (Transformation in Practice Solutions) Committee

Ohio Person-Centered Care Coalition Quality Improvement Project: Person-Centered Care through Consistent Assignment

An Ohio Quality Improvement Project facilitated by the Ohio Person-Centered Care Coalition with data analysis provided by the Scripps Gerontology Center at Miami University. All Ohio nursing homes were expected to choose from a variety of Quality Improvement Projects in order to achieve quality points that impact the facility's Medicaid reimbursement rate. In this project, participating facilities were to implement consistent assignment, provide data supporting the extent to which they were able to achieve consistent assignment and staff stability, and finally, compare outcomes for residents who were impacted by the new practice. Facilities implemented consistent assignment in a variety of ways. Some implemented on only one or two units, while others attempted to implement the practice facility wide. Some facilities had been practicing consistent assignment prior to starting the project, while others began this practice for the first time. These important differences provide a context for interpreting the results of this study.

The Advancing Excellence Consistent Assignment Toolkit provided opportunities for facilities to track the number of caregivers each resident had for the month and calculate the percent of residents meeting the target goal. The goal for the project was 12 or fewer caregivers per resident per month. The Advancing Excellence Staff Stability Toolkit provided opportunities for facilities to track their monthly turnover rates for CNAs, RNs, and LPN/LVNs. Both AE toolkits allowed facilities to document their work, monitor outcomes and the processes related to outcomes. Third, facilities selected a Quality Measure (QM) to track in conjunction with the implementation of the Consistent Assignment (CA) & Staff Stability (SS) toolkits. Selected QMs included Falls, Infections, Re-Hospitalizations, Anti-Psychotic Medications, Skin Pressure Ulcers, and Pain.

The project ran from August 2014 through May 2015. Out of the 38 facilities that expressed interest in the project, 32 facilities completed this three part project. Facilities were required to use the Advancing Excellence Consistent Assignment Toolkit, the Advancing Excellence Staff Stability Toolkit, and to submit Quality Measure (QM) data on a monthly basis.

Prior to the implementation of this project, 69% of facilities had not used the Consistent Assignment Toolkit and 87% had not used the Staff Stability Toolkit. 73% had been tracking their selected Quality Measure for quality assurance purposes in their facility for over 12 months prior to the implementation of the project, whereas 13% had not previously tracked that measure. Other Advancing Excellence toolkits previously used by facilities prior to project implementation included the Person Centered Care (29%) and Hospitalizations (83%).

Ohio Person-Centered Care Coalition

connections

August 2015 Issue #5

Consistent Assignment Implementation RESULTS:

Short Stay Resident-Our results suggest improvements over time as the initial month showed 25% of facilities meeting the goal and after six-months, 73% had achieved the goal.

The long-Stay Residents-Advancing Excellence Consistent Assignment Goal of having 12 or fewer caregivers. Long-stay residents are defined as those who are residing in the facility for more than 100 day. Fewer facilities met the consistent assignment goals for their long-stay residents. While the final month is higher than the first month, it is actually lower than the second month of the study. Six of the nine facilities met the goal consistently across all six months.

Comprehensive report is available for all participating facilities and they will receive their certificate for their records within the next thirty days. The coalition is very proud of these participating facilities and encourages all members to begin with a small resident population and consider consistent assignment in your facilities.

Education Committee

The PCCC education committee partnered with HSAG presenting an Ohio Nursing Home Quality Care Collaborative event. The event covered the new CMS quality measure composite score, Quality Assurance and Performance Improvement implementation and person centered dementia care. Go to www.hsag.com/events for more details.

In honor of National Nursing Assistant month the education committee presented "Caregivers Leading the Charge: A Journey in Person-Directed Dementia Care" at the National Network of Career Nursing Assistants. Go to www.cna-network.org to see the follow up for this event.

Upcoming Events-MARK YOUR CALENDARS!

August 19th and September 24th at 2pm

"Turning Staff into Care-Givers".

This free webinar series will be presented by Mary Tellis Nyak. Please register at: https://attendee.gotowebinar.com/register/8273261316373197313.

****Wednesday October 28th, 2015 ALL DAY**

LaCenter Conference Center
Westlake Ohio

Come to Northeast Ohio's first!

Get more information and register on link below:

https://www.informationsecuritysummit.org/?page_id=115

****Thursday October 29th, 2015**
10 am-1 pm

OPC3 Board Meeting-OPEN to ALL MEMBERS!
Location: Area Agency on Aging Region 5
2131 Park Avenue, WEST
Mansfield, OH.

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connections

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