Journeying Toward the True North in Healthcare Quality: Person-Centered Care's Influence in Long-Term Care Facilities

Part 1

Jean Storm, DO, CMD, CHCQM
Medical Director Quality Insights

Quality Insights
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

Learning Objectives

1. Understand the core principles of person-centered care and its significance in shaping medical decision-making within long-term care facilities.
2. Explore the practical implications of person-centered care on patient outcomes and treatment strategies in the context of long-term care settings.
3. Identify strategies for physicians and physician extenders to integrate and promote person-centered care practices to enhance the quality of medical decisions and overall care delivery in long-term facilities.

"The good physician treats the disease; the great physician treats the patient who has the disease."

~ William Osler

Case

- An 82-year-old male is admitted to the SNF after hospitalization for end-stage CHF.
- He refused many interventions during his stay, including dialysis.
- He is admitted to the facility as a full code.
- The attending physician talks with the resident and his wife the day after the resident is admitted.
- Advance care planning and code status are discussed at the initial meeting.

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
To follow these orders, an EMS provider must have an order from his/her medical command physician

pennsylvania
DEPARTMENT OF HEALTH

Pennsylvania Orders for Life-Sustaining Treatment (POLST)

Last Name

First/Middle Initial

Date of Birth

FIRST follow these orders, **THEN** contact physician, certified registered nurse practitioner or physician assistant. This is an Order Sheet based on the person's medical condition and wishes at the time the orders were issued. Everyone shall be treated with dignity and respect.

A Check One

CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.

☐ CPR/Attempt Resuscitation ☐ DNR/Do Not Attempt Resuscitation (Allow Natural Death)

When not in cardiopulmonary arrest, follow orders in **B**, **C** and **D**.

B Check One

MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.

☐ **COMFORT MEASURES ONLY** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. ***Do not transfer*** *to hospital for life-sustaining treatment.* ***Transfer*** *if comfort needs cannot be met in current location.*

☐ **LIMITED ADDITIONAL INTERVENTIONS** Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation.

Transfer *to hospital if indicated. Avoid intensive care if possible.*

☐ **FULL TREATMENT** Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.

Transfer *to hospital if indicated. Includes intensive care.*

Additional Orders _____

C Check One

ANTIBIOTICS:

☐ No antibiotics. Use other measures to relieve symptoms.

☐ Determine use or limitation of antibiotics when infection occurs, with comfort as goal

☐ Use antibiotics if life can be prolonged

Additional Orders

D Check One

ARTIFICIALLY ADMINISTERED HYDRATION / NUTRITION:
Always offer food and liquids by mouth if feasible

☐ No hydration and artificial nutrition by tube.

☐ Trial period of artificial hydration and nutrition by tube.

☐ Long-term artificial hydration and nutrition by tube.

Additional Orders

Source: Pennsylvania Department of Health, 2024.

Person-Centered Care

- Definition and Descriptors
  - Treating patients as individuals and equal partners in the business of healing
  - Personalized, coordinating, empowering
  - Recognizes an individual's potential to manage their own health

Main Components

Autonomy

Illustrated through informed consent and the right to refuse, taking into account the individual's situation, limitations, and capabilities.

Respect

The deliberate and intentional demonstration of regard for another person's interests and well-being.

Empathy

Understanding and sharing other people's feelings is the core concept that facilitates the development of a therapeutic relationship with the health care user, providing the basis for therapeutic change.

Comparing Traditional Care to Person-Centered Care

Traditional Care	Person-Centered Care
Decisions about policies, procedures, and work environment are made exclusively by management.	Management works with staff, residents, and family members to accommodate resident's choice and preferences.
Frontline staff are not involved in the decision-making process.	Staff are empowered with relevant knowledge and included in the decision-making process.
Traditional medical model where care is driven by diagnosis, care tasks, and the individuals who perform the tasks.	Residents are given choice and input around their care and care plan based on their needs and preferences.

Source: AHRG Safety Program for Long-Term Care: HAIs/CAUTI Long-Term Care Safety Modules, 2017.

Case

- An 82 y/o wheelchair-bound resident sustains a femur fracture in the facility.
- The resident decides against hospitalization for repair of the fracture.
- The resident's physician collaborates with an orthopedic surgeon to make a plan for follow-up imaging studies and a "pillow splint" to allow the resident to remain in the facility for management.
- The resident continues to enjoy her quality of life in the facility, and the fracture is determined to be healed after 8 weeks.

PSC Benefits to Residents

- Enjoying personal autonomy and the ability to direct care.
- Having access to choices that promote engagement and enhance quality of life.
- Residing in an environment that encourages trust and respect.
- Collaborating with attentive staff who prioritize resident preferences and needs.
- Pursuing the best possible quality of life opportunity.

Source: AHRQ Safety Program for Long-Term Care: HAIs/CAUTI Long-Term Care Safety Modules, 2017.

Staff Benefits

- Establishing better partnerships with residents and their families.
- Understanding resident preferences makes staff better equipped to anticipate resident and family needs and act accordingly.
- Feeling valued in person-centered care organizations.

Source: Agency for Healthcare Research and Quality (AHRQ), Module 5: Resident and Family Engagement, 2017.

Culture Change

- Culture transformation is a continuous process in which a nursing home transitions from being a facility driven by tasks and schedules to a place that honors the residents' desires and requirements.
- Culture transformation comes with a shift in mindset: prioritizing residents' strengths, choices, and daily routines to deliver care that is tailored to their needs.
- Culture change reflects certain values, including choice, dignity, respect, self-determination, and purposeful living.

Source: Texas Health and Human Services, 2024.

Person-Centered and Person-Directed

- The environment reflects a home and community environment for everyone who lives and works there.
- Leadership is dedicated and committed to creating and cultivating an environment that feels like home in setting and ambiance.
- Direct care workers are engaged and empowered to make decisions and are supported by leadership.

Source: Texas Health and Human Services, 2024.

Elements of Culture Change

Resident Direction in Care and Activities

Close Relationships between Residents, Family Members, and Staff

Staff Empowerment

Collaborative Decision-Making

Quality Improvement Process

Source: Alzheimer's Association, Person Centered Care in Nursing Homes and Assisted Living, 2017.

The Language of Culture Change

Old Language	New Language
Victims of…suffering from	Living with
Wing, unit, floor, division	Community, neighborhood, household
Allow	Encourage, offer, help with
Feeder, feeder table	Assist/help with dining
Admission	Move in
“You need to…”	“Would you like to…I would like you to”
“They are a fall risk”	“There is a good chance they will fall”
Supplement, nourishment	Snack, treat, food, drink, shake
Wanderers	People who like to walk around

Source: Alzheimer’s Association, Person Centered Care in Nursing Homes and Assisted Living, 2017.

Resident Direction in Care and Activities

- Allowing residents to go to sleep and wake up when they choose
- Preferences list
- Life story interview and document
- Ensure that preferences are truly “important and met”

Life Story Template

- Creating a Life Story - template from the Alzheimer's Association

Case

- A 52-year-old is admitted to the facility following a hospitalization for complications from liver cirrhosis.
- He becomes progressively more depressed during the pandemic due to the lack of activities as bingo was his favorite activity.
- The director of activities resigns from the facility during the pandemic.
- Activities are resumed a few months later, but are disorganized due to the lack of a director.
- A CNA suggests that the 52-year-old resident described above call the bingo game.
- The resident organizes the activity, enjoys the experience, and asks to continue helping with organizing activities.

Unmet and Unimportant Preferences

- Data from 2012-2017 MDS assessments of long-stay residents in 295 Minnesota nursing homes was collected. There were 51,859 assessments completed from 25,668 residents.
- 3.3% to 5.1% of residents reported that at least one or more preferences were important but unmet, and 10.0% to 16.6% reported that four or more out of the eight preferences were unimportant.
- Residents with depressive symptoms and poor physical and sensory function were more likely to report unmet preferences.
- Residents with poor physical and sensory function, living in rural facilities, and facilities with fewer activity staff hours per resident day were more likely to report unimportant preferences.

Duan Y, Shippee TP, Ng W, Akosionu O, Woodhouse M, Chu H, Ahluwalia JS, Gaugler JE, Virnig BA, Bowblis JR. Unmet and Unimportant Preferences Among Nursing Home Residents: What Are Key Resident and Facility Factors? J Am Med Dir Assoc. 2020 Nov;21(11):1712-1717. doi: 10.1016/j.jamda.2020.06.033. Epub 2020 Jul 29. PMID: 32739282; PMCID: PMC9129870.

Close Relationships Between Residents, Family Members, and Staff

- A study compared staff-family interactions in two long-term care facilities.
- Two field researchers interviewed staff in both facilities over a six-month period.
- Sweet Dell is a 120-bed facility, and Safe Harbor is a 180-bed facility.

Utley-Smith Q, Colón-Emeric CS, Lekan-Rutledge D, Ammarell N, Bailey D, Corazzini K, Piven ML, Anderson RA. The Nature of Staff - Family Interactions in Nursing Homes: Staff Perceptions. J Aging Stud. 2009 Aug;23(3):168-177. doi: 10.1016/j.jaging.2007.11.003. PMID: 19649311; PMCID: PMC2711636.

A Tale of Two Facilities

Sweet Dell	Staff-Family Interactions (staff descriptions)	Safe Harbor
+	Difficult	+
+	Problematic	+
+	Time-Consuming	+
-	Helpful	+
-	Important	+
-	Trusting	+

Utley-Smith Q, Colón-Emeric CS, Lekan-Rutledge D, Ammarell N, Bailey D, Corazzini K, Piven ML, Anderson RA. The Nature of Staff - Family Interactions in Nursing Homes: Staff Perceptions. J Aging Stud. 2009 Aug;23(3):168-177. doi: 10.1016/j.jaging.2007.11.003. PMID: 19649311; PMCID: PMC2711636.

Important Differences

- Staff at both facilities expressed frustration and challenges in interacting with “difficult families.”
- At Safe Harbor, anger directed toward a resident or family was not tolerated.
- Safe Harbor utilized a communication system that involved the Admission Director contacting the family within the first 24 hours, the nurse telephoning the family at 48 hours, and the social worker contacting the family at 72 hours.
- Management staff were also involved in “angel rounds” and contacted family members with weekly updates.

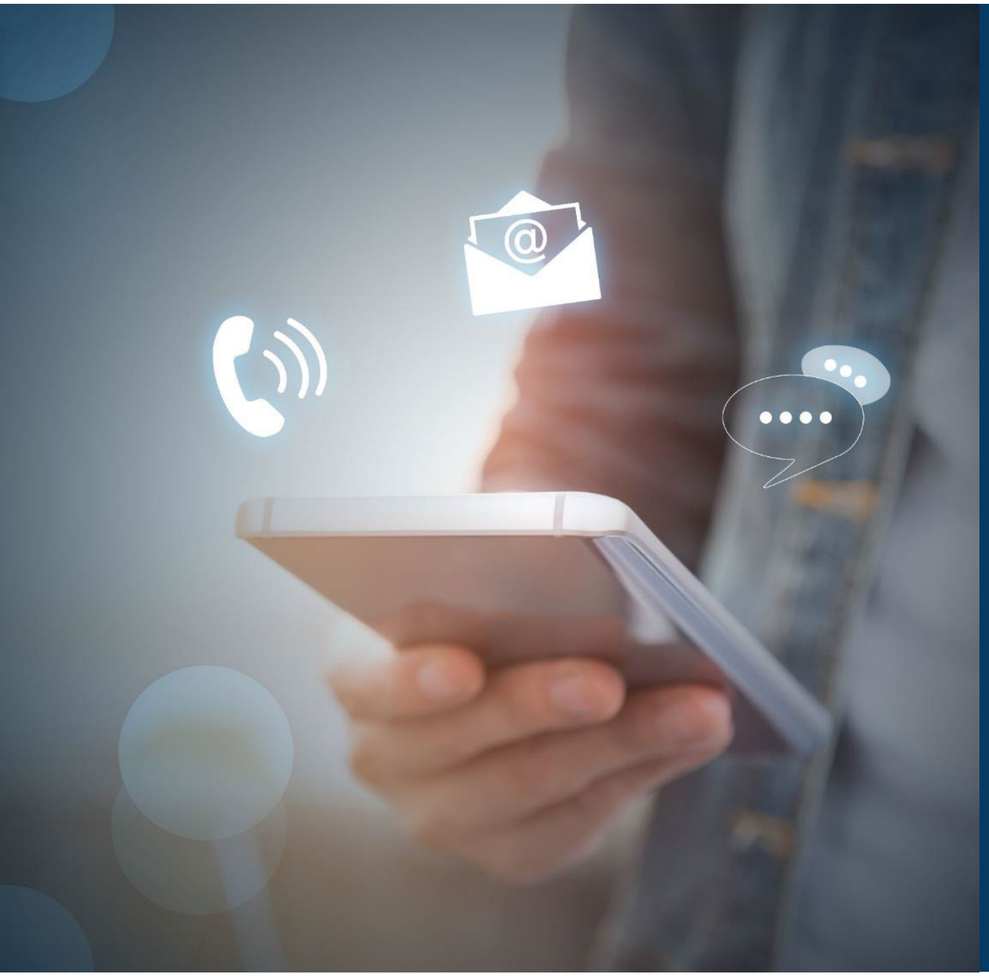
Utley-Smith Q, Colón-Emeric CS, Lekan-Rutledge D, Ammarell N, Bailey D, Corazzini K, Piven ML, Anderson RA. The Nature of Staff - Family Interactions in Nursing Homes: Staff Perceptions. J Aging Stud. 2009 Aug;23(3):168-177. doi: 10.1016/j.jaging.2007.11.003. PMID: 19649311; PMCID: PMC2711636.


FIRE
EMS

Tips

- Attempt to engage family members as part of the “team” that is providing care for the resident.
- Encourage staff who have positive interactions with all family members to share their “tips” with all staff and create a learning environment.
- Create an atmosphere where staff can bring their own family members to events and interact with residents and families.
- Understand that communication at the beginning of a resident’s stay is very important.

Questions



NAME OF CONTACT

Jean Storm DO, CMD, CHCQM

EMAIL ADDRESS

jstorm@qualityinsights.org

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