

MDS Alert

Surveys and Compliance: Learn The Particulars Of "Patient-Centered Care"

F-tag update encourages surveyors to quiz residents about their involvement in their care plans.

New language in the DHHS State Operations Provider Certification Appendix PP makes patient-centered care much more explicit, and gives surveyors the specific tools to evaluate whether a facility is upholding residents' right to involvement in care-planning. Surveyors are urged to interview residents about whether they feel their opinions and choices are represented in their own care plans, and can hit a facility with F553 if investigation warrants. Learn what you need to have on hand to satisfy surveyors' requirements.

The latest revisions to Appendix PP say:

§483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to:

- (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.
- (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.
- (iii) The right to be informed, in advance, of changes to the plan of care.
- (iv) The right to receive the services and/or items included in the plan of care.
- (v) The right to see the care plan, including the right to sign after significant changes to the plan of care.

§483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must:

- (i) Facilitate the inclusion of the resident and/or resident representative.
- (ii) Include an assessment of the resident's strengths and needs. (Effective Nov. 28, 2017.)
- (iii) Incorporate the resident's personal and cultural preferences in developing goals of care.

Hint: By outlining the particulars of each resident's right to participate in his own care plan and treatments, you have the tools to anticipate surveyors' questions, empower residents, and remain compliant.

Tip: If anyone developing the care plan has any concern about a resident's level of cognition, make a point to include a family member or other representation, says **Kris Mastrangelo**, president and CEO of **Harmony Healthcare International** in Topsfield, Massachusetts.

Use These Guidelines

Help residents and their representatives participate in establishing a care plan, deciding upon treatment, and remaining active in their healthcare and life decisions with these tips:

- Ensure that residents and their families or chosen representatives are able to take part in care plans,

treatment decisions, and meeting goals like discharge back to the community.

- o Schedule meetings at times when everyone can attend, including adult children or other family/representatives who work traditional hours.
- o Take a resident's function into account too; if a resident is most lucid in the mornings, prioritize that time slot for discussing care, activity goals, and treatment.
- Remember that residents have the right to accept or refuse care, including specific treatments, before the care plan is initiated.
 - o However, a facility is not required to provide treatments or inventions that the resident's physician deems "inappropriate" for a resident's particular condition.
- Residents whose abilities to make decisions for their own care or treatment are impaired, or residents who are declared incompetent by a court, must still be informed and given the option to provide their personal preferences.

Surveyors are instructed to discern, through observations, interviews, and looking over records:

- The level of each resident's involvement in her own care planning,
- How staff actively involve residents or resident representatives,
- Whether meetings are scheduled in such a way as to best accommodate residents or their representatives, and
- How a facility handles a resident or resident representative's questions or concerns, and when those questions or concerns are addressed.

Plus, the latest Appendix PP update has more specific patient-centered guidelines that become effective Nov. 28, 2017, specifically:

- Determine whether, in the event that resident and representative were unable to participate, facility staff consulted them in advance about care and treatment changes.
- Interview staff to determine how they inform residents or their representative of their rights and incorporate their personal preferences, choices, and goals into their care plan.
- When the resident request is something that facility staff feels would place the individual at risk (i.e., the resident chooses not to use the walker, recommended by therapy), is there a process in place to examine the risk/benefit and guide decision-making?
- Review the resident's medical record to determine if facility staff included an assessment of the resident's strengths and needs and whether these, as well as the resident's personal and cultural preferences, were incorporated when developing his or her care plan.
- Determine how facility staff observes and responds to the nonverbal communication of a resident who is unable to verbalize preferences (i.e., if the resident spits out food, is this considered to be a choice and alternative meal options offered).

Beware: Besides F553, surveyors are encouraged to consider these F-tags, too, if they feel a facility is lacking in these areas:

- Staff must be able to provide access to care plans within 24 hours (business days only) or provide a written or electronic copy of the care plan within two business days or face F573.
- Facility staff must provide a baseline care plan or summary thereof to residents or resident representatives or face F655.

Read more here:

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf

