



Slide 4

Revisions to Interpretative Guidance
Implemented June 17, 2009

- Quality of Life
- Environment


Result of national symposium co-sponsored by CMS and the Pioneer Network in April 2008



Slide 5

F-252 Environment

"...A "homelike environment" is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment. A personalized, homelike environment recognizes the individuality and autonomy of the resident, provides an opportunity for self-expression, and encourages links with the past and family members. The intent of the word "homelike" in this regulation is that the nursing home should provide an environment as close to that of the environment of a private home as possible. This concept of creating a home setting includes the elimination of institutional odors, and practices to the extent possible. Some good practices that serve to decrease the institutional character of the environment include the elimination of:



Slide 6

Overhead paging and piped-in music throughout the building;


Meal service in the dining room using trays (some residents may wish to eat certain meals in their rooms on trays);

Institutional signage labeling work rooms/closets in areas visible to residents and the public;

Medication carts (some innovative facilities store medications in locked areas in resident rooms);

Mass purchased furniture, drapes, and bedspreads that all look alike throughout the building (some innovators invite the placement of some residents' furniture in common areas);

Large, centrally located nursing/care team stations.



Slide 19

QUESTIONS/COMMENTS ?



Slide 20

Changing Fall Management Process


- Assemble an Interdisciplinary Team.
- Train Team in Effective Dynamics.
- Establish Team Goals.
- Plan Team Strategies.
- Provide Time and Resources.
- Team trains all staff.
- Empower Leaders throughout facility.



Slide 21

Positive Promotional Campaign

- Focus on fostering relationships
- Focus on what is being Added
 - Relationships among staff
 - Relationships with Residents and Families
 - Buddies for Care Assignments
- Less focus on things being Removed



Slide 22

Important Steps
to changing any care process:


- Focus on **resident - centered** assessment
- **Individualized** interventions
 - Facilitates the development of *critical thinking* skills for the staff
 - Eliminates “cookie-cutter” care plans
 - Ensures the development of a care plan that will allow the resident to achieve or maintain their highest level of functioning



Slide 23

Resident-Centered Process

- Assess the Individual
 - Knowing the Resident Takes Time
 - Share Knowledge Gained
- Use Critical Thinking Skills
 - Evidence-based & Past Experience
- Personalize Interventions
 - Include past history
 - Include Family and those most familiar




Slide 24

Common Risk Factors that Increase Falls

Internal:


- bowel and bladder issues
- pain
- sensory impairment
- medications
 - polypharmacy
 - use of blood thinners, including aspirin
 - cathartics/diuretics



Slide 31

What is a Care Plan Anyway??

- Actions
- Rationales
- Roles
- No standardized Interventions unless IDT thinks is personal and specific.





Slide 32

The Interdisciplinary Team Engages in Discussion and Care Planning

Who can contribute?

- Administration
- Housekeepers
- Dietary Staff
- Social services
- CNAs
- Nurses
- Physicians
- Resident
- Friends/Family



Slide 33

Back to the Drawing Board

Use of Critical Thinking with Use of Assessment Tools

- Think by Number
- Evaluation of Plan

