Honoring Choice When the Choice Involves Risk

A Process for Care Planning for Resident Choice:

The Rothschild Person-Centered Care Planning Task Force Report

An Overview

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The Rothschild Person Centered Care Planning Task Force:

- Stemmed from the "Surplus Safety Symposium" and the "Legal Liabilities Task Force" (2012)
- Convened in 2013 to examine issues of honoring resident choice when the choice involves risk
- Consisted of over 50 stakeholders including advocates, omsbudsmen, several nursing groups, lawyers that sue nursing homes, and surveyors, both current and former
- Released report in 2015, getting the attention of CMS

"SURPLUS SAFETY"

"...Caregivers generally only take into consideration the potential negative consequences of a resident's choice, and do not sufficiently consider possible positive consequences or upside risk. In the healthcare arena, safety – particularly physical safety and health - has generally been more highly valued than the positive psychological and emotional state that results from being able to choose to engage in preferred behaviors or activities which may have some level of risk attached."

(Rothschild Foundation 2012)

WHY THE TASK FORCE MATTERED:

- Historically, new onset weight loss, physical outcomes, pressure ulcers, decline in ambulation, frequency and/or seriousness of falls, etc. have been what regulators, surveyors, and providers have focused most heavily on
- Historically, there has been little attention given to the long term psychological consequences of having preferences neglected on a daily basis
- There has also historically been little interest in examining the long term effects on mood, behavior, self-esteem, or dignity

The Challenge: Simply Put....

How Much Choice -vs- How Much Safety

- In cases where the choice doesn't involve risk, the preference should be honored
- Concern over allowing riskier choices and balancing risk with safety concerns
- Deciphering whether or not a preference is too risky
- Perception of surveyors in terms of whether the preference was too risky and shouldn't have been honored in the first place

Impact

Providers will need to define parameters around when it is NOT appropriate to honor a resident's preference

For example:

- Is there an immediate and certain indication of a negative outcome?
- Does the preference infringe on the rights of others?
- Are there other, less risky alternatives that are acceptable to the individual

The Story of Dr. John

F-Tag 675: Quality of Life

The **Intent**...

- To ensure the Community identifies each person's individual interests and needs
- To ensure the Community involves each person in an ongoing program of activities that is designed to appeal to his/her interests
- To enhance the person's highest practicable level of physical, mental, and psychosocial well-being

Nursing Homes & the "Medical Model"

The focus of providers has historically been on doing what is:

"In the best interest of the person"

BUT, *as defined by the healthcare professional staff,* rather than as defined by the person

Most Preferences are NOT Hazardous

However, some staff members may consider some individual's choices to not be in the best interest of that individual, BUT

- The regulatory guidance refers to both education and offering the individual (presumably safer) alternatives AND
- The guidance also refers to not assuming a decision, once made, holds true forever, so that ongoing efforts at education and the offering of (safer) alternatives are expected

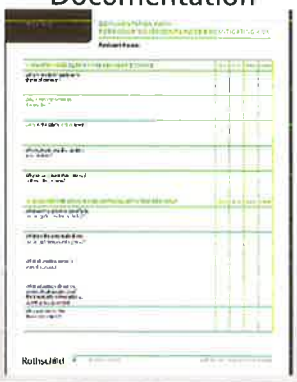
Care Plan Format, Policies... and All That Jazz...

Because each care community develops its own care plan format, policies, procedures and forms, it's difficult for surveyors to evaluate whether, in accommodating resident preferences for risk related activities, the care community has fully met the **requirements*** for:

1. **Education**
2. **Documentation**
3. **Lower Risk Alternatives**

**It is noteworthy that these requirements are largely unspecified, which is why we're here today*

Documentation



Page Two

The Rothschild Person-Centered Care Planning Process

STEP I: Identifying and clarifying the resident's choice

1. Interview and observe the person
2. Review the person's history to obtain information about the choice
3. Is this a one time choice; is this a refusal; is this a one time choice to refuse?
4. Understand why the person desires this choice
5. Repeat back to the individual your understanding of the choice
6. Determine if the choice involves real or perceived risk to the individual or to others
7. Are there safer alternatives that would be acceptable to the individual

The Rothschild Person-Centered Care Planning Process

STEP II: Discussing the choice and options with the resident

1. The intent here is to reach a mutually acceptable decision
2. Offer ways to accommodate the choice while mitigating potential negative consequences
3. Educate on the potential outcomes of honoring and respecting choice -vs- preventing the person from acting on their choice
4. Remember that the individual has the right to make choices and to refuse treatments

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STEP III: Determining how to honor the choice (and which choices are not possible to honor)

1. Some requests will be too harmful/detrimental to self or others to honor
2. Some requests can and should be honored
3. Document in the care plan the decisions mutually agreed upon as well as plans for mitigation, alternatives, or reasons for denial
4. Document a roster of all who were involved in the process

The Rothschild Person-Centered Care Planning Process:

STEP IV: Communicating the choice through the care plan

1. Decide with the input of the individual what specific steps will be taken to honor the choice
2. Document that the individual has participated in the care plan process to arrive at a determination and that they've expressed an understanding of the care plan
3. Record the steps the caregivers will take to assist the individual in actualizing the choice while taking any necessary steps to mitigate the risk associated with the choice

The Rothschild Person-Centered Care Planning Process:

STEP V: Monitoring and making revisions to the plan

1. Monitor the progress of the plan and any noted or observed effects on the individual's well being and quality of life
2. Assess the ongoing desire of the individual to continue to pursue the initial choice
3. Be flexible in the care planning process, thus allowing for alterations to the plan based on the desires of the individual (ie. build in opportunities for the individual to change their mind")

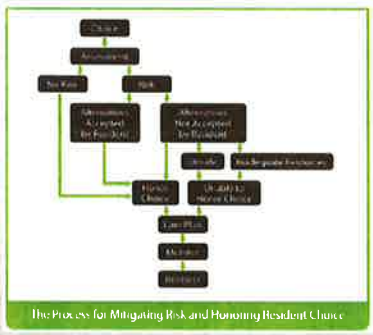
The Rothschild Person-Centered Care Planning process:

STEP VI: Quality Assurance and Performance Improvement

Some Areas to Consider:

1. Denial of requests on a routine basis for more than one individual
2. Failure to document decision-making capability as relates to consideration of requests
3. Areas of the community's inability to accommodate preferences and action planning for future growth
4. Resident, Resident Council, and/or Family feedback
5. Trending of concerns, complaints, and compliments
6. Perceived high level risk activities, community responses to these activities, and risk management review processes

The Process:



The Process for Mitigating Risk and Honoring Resident Choice

Accommodations We Will All Need To Make

- Assumption of mitigated risk
- Individuals get up and go to bed on their preferred time schedule
- Individuals eat their preferred foods at their preferred times
- Therapy, bathing, etc. "schedules" are altered to accommodate the individual's desire to participate in activities that may occur at the same time as therapy, the bath, etc., thus providing the person with increased autonomy in daily planning and decision making
- Assisting individuals as needed to get to/from preferred activities (altered rest room breaks, Nursing measures/treatments, walking to but riding from, etc.)
- Providing supplies, assistance, etc. for an individuals' use at their preferred time and location when care partners may not be available to assist

(eg. playing cards in a different neighborhood on Saturday night)

The Story of Frank

Mrs. Murtha

Mrs. Murtha is a vocal and active 87 year old widow who has been living in your community for 1 ½ years. She initially moved into an IL apartment where she enjoyed a full social life with both life long friends and friends she had made in the community since she moved in. While in IL, Mrs. Murtha especially enjoyed lunch and dinner outings, as eating out at fine restaurants had been a life long pursuit of hers. Mrs. Murtha has since suffered a CVA with resultant left side hemiparesis. She has since changed levels of care due to a gradual decline making maintaining her ADL's and IADL's more difficult for her. Taking into consideration her recent decline, her history of CVA, a choking incident since she's relocated to the nursing care community requiring the Heimlich Maneuver, and that Mrs. Murtha chews very slowly, taking a long time to eat and not always wanting to drink water with her meals, the SLP has ordered Mrs. Murtha a pureed diet with honey thickened liquids. Mrs. Murtha stated to the SLP that she prefers to eat foods of regular texture rather than the recommended pureed texture. She further stated "I would rather risk choking than have to eat pureed foods for the rest of my life." Mrs. Murtha stated that the texture and taste of the pureed food is unappealing to her, especially since fine dining has been a life long pursuit. Upon completion of a subsequent quarterly MDS, the Consulting Dietitian documented a significant weight loss in Mrs. Murtha's chart.

Mr. Eisenstadt

Mr. Eisenstadt is an 85 year old married man with three children, none of whom live in the area. He is a retired railroad engineer who continues to manage his affairs independently. Mr. Eisenstadt has resided in your community since the fall of 2017 after suffering a myocardial infarction complicated by COPD. He was a direct admit from the hospital to your nursing care community. Mr. Eisenstadt enjoyed a full range of physical activities and leisure pursuits prior to his admission; a few of which included fishing, golf, and strolling in the park next to his house. Mr. Eisenstadt has expressed that he would like to spend time outside in the secure courtyard unsupervised whenever he desires to do so. He wants to be able to go for short walks as well as sit in the sun. Mr. Eisenstadt further expressed that he likes to leisurely read the newspaper and enjoy the sights and sounds of being outdoors and in the sunshine like he always did at home. He further emphatically stated that "I don't want to be watched like a small child either!!" Mr. Eisenstadt uses a walker with which he is sometimes unstable and unsure of himself. He did have an unfortunate fall six months ago during which he sustained no reportable injuries.

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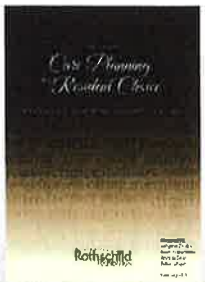

https://preferencebasedliving.com/sites/default/files/honoring-preferences-when-the-choice-involves-risk-8-2018.pdf

Now THAT'S...

"Person-Directed Living!!!"

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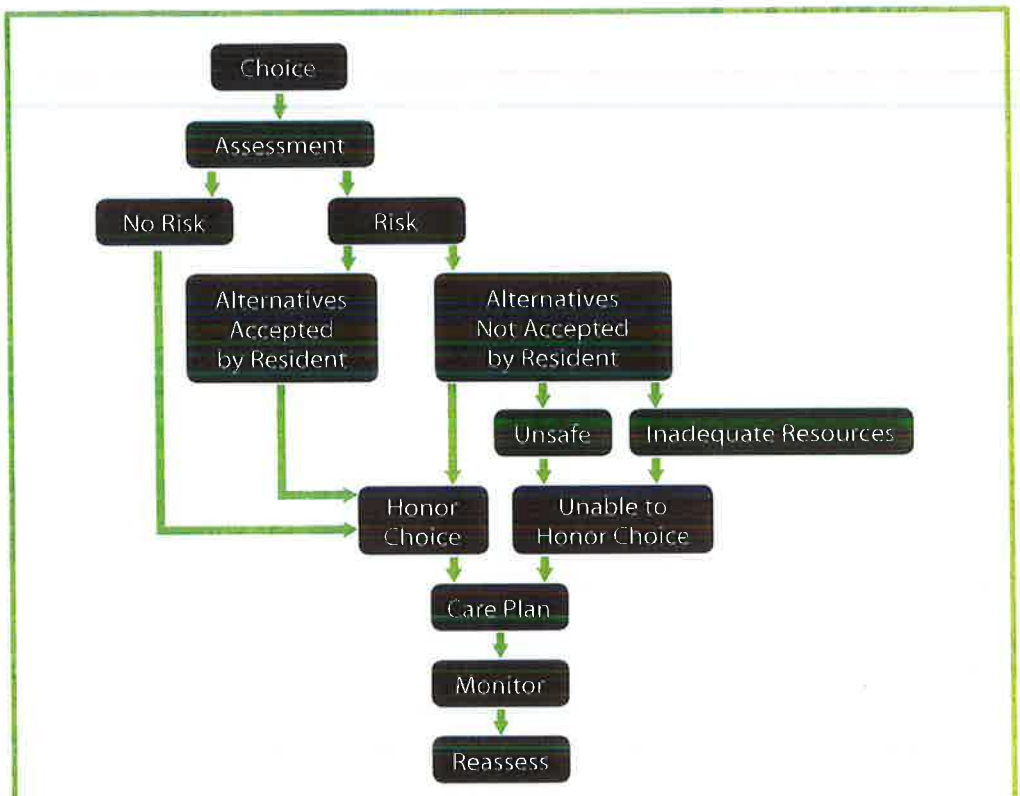

The Process for Mitigating Risk and Honoring Resident Choice

Sample Form

DOCUMENTATION FORM FOR HONORING RESIDENT CHOICE AND MITIGATING RISK

Resident Name: _____

I. IDENTIFY AND CLARIFY THE RESIDENT'S CHOICE		Date	Date	Date	Initials
What is resident's preference that is of concern?					
Why is this important to the resident?					
What is the safety/risk concern?					
Who representing the resident was involved?					
Who on care team was involved in these discussions?					
II. DISCUSS THE CHOICE AND OPTIONS WITH THE RESIDENT		**Date**	**Date**	**Date**	**Initials**
What are the potential benefits to honoring the resident's choice?					
What are the potential risks to honoring the resident's choice?					
What alternative options were discussed?					
What education about the potential consequences of the choice alternative actions/ activities was provided?					
Who was involved in these discussions?					

III. DETERMINE HOW TO HONOR THE CHOICE		Date	Date	Date	Initials
Of all options considered, is there one that is acceptable to the resident/representative and staff? Which one?					
If no option is acceptable to both the resident/representative and staff, what is the reason for the denial of resident choice? And what is/are the consequences or actions that will be taken?					
Who was involved in these discussions/decisions?					
IV. CARE PLANNING THE CHOICE		**Date**	**Date**	**Date**	**Initials**
What specific steps will be taken to assure both the resident and the staff follow the agreed to option? Document a brief summary of the plan here and put the detailed goal and approaches in the care plan.					
Was care plan updated?					
V. MONITORING AND MAKING REVISIONS TO THE PLAN		**Date**	**Date**	**Date**	**Initials**
How often will this decision be formally reviewed (recognizing that informal monitoring may take place on a daily basis)?					
Who has primary responsibility for monitoring the implementation?					
Was there another option considered to be the "next best step" that would be implemented next?					

Other comments _____