



Integrating the MDS 3.0 Into Daily Practice

Webinar Series Three: Individualized Care

*Individualizing Care and QAPI:
Two Keys for Reducing Antipsychotic Medications*

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Welcome!

Integrating the MDS 3.0 Into Daily Practice

Webinar Series Three: Individualized Care

**Part Seven: MDS and Quality of Life:
Operationalizing Customary Routines**

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Using the MDS 3.0 as an Engine for
High Quality Individualized Care

JUNE 19, 2012

Part Seven: MDS and Quality of Life: Operationalizing Customary Routines

TODAY'S PRESENTERS

Facilitator: Barbara Frank, B&F Consulting

Presenters:

Karen Schoeneman, CMS

Team from St. Camillus Health Center, Whitinsville, MA

Film Excerpts from:
Rhode Island Dept of Health Survey Agency Individualized Care Pilot

From Institutional to Individualized Care: CMS Four-Part Webcast

Interview of staff at Glenridge Living Community, Augusta, MA

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Using the MDS 3.0 as an Engine for
High Quality Individualized Care

A Blueprint for Using Individualized Care as the Ultimate Non-pharmacologic Intervention

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Using the MDS 3.0 as an Engine for
High Quality Individualized Care

*Attain or maintain
the highest practicable
physical, mental, and psychosocial
well-being of each resident*

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Using the MDS 3.0 as an Engine for
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Physical and Chemical Restraints

Surveyor Probes: §483.13(a)
– Meet individual needs

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Individual Assessment of Each Resident's Abilities and Needs

*Customary Routines for:
Waking, sleeping, eating, bathing*

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*This is my
new home*

Alice Hallinan
Resident
at St. Camillus Health Center
in Whitinsville, MA

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The Meaning of Home

***Homelessness Among the
Institutionalized Elderly***
By Judith Carboni

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Judith Carboni, 1987

Home

- Identity
- Connectedness
- Lived Space
- Privacy
- Power/Autonomy
- Safety/Predictability
- Journeying

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Home

- Identity
- Connectedness
- Lived Space
- Privacy
- Power/Autonomy
- Safety/Predictability
- Journeying



Homelessness

- Non-Personhood
- Disconnectedness
- Meaningless Space
- Without boundaries
- Powerless/Dependence
- Insecurity/Uncertainty
- Placelessness

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HOMELESSNESS

Severely damaged
and tenuous
relationship
between person
and environment

Judith Carboni, 1987

Damaged
relationship
between
person and
environment

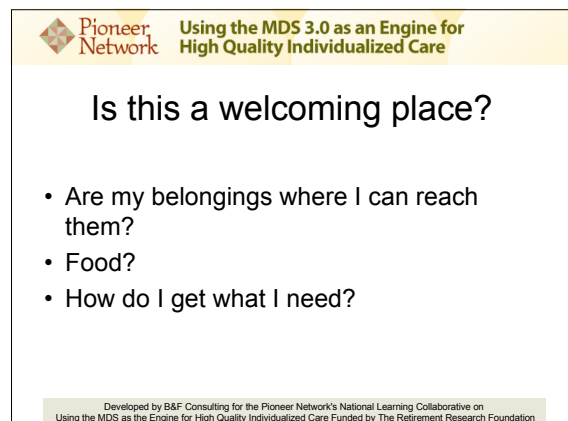
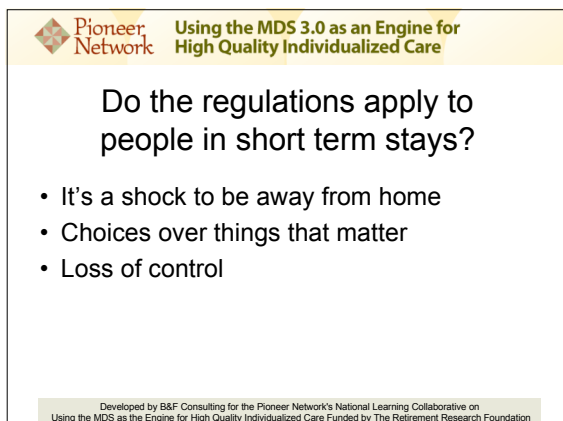
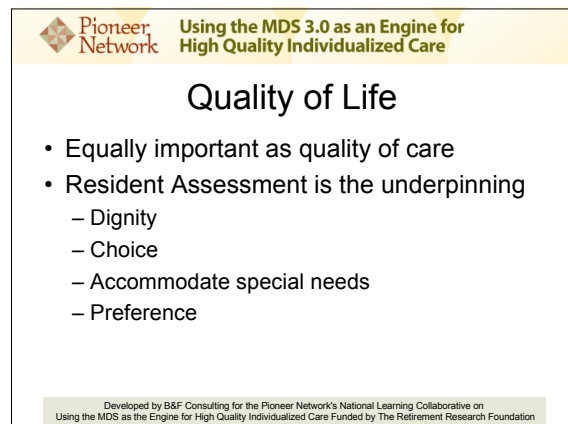
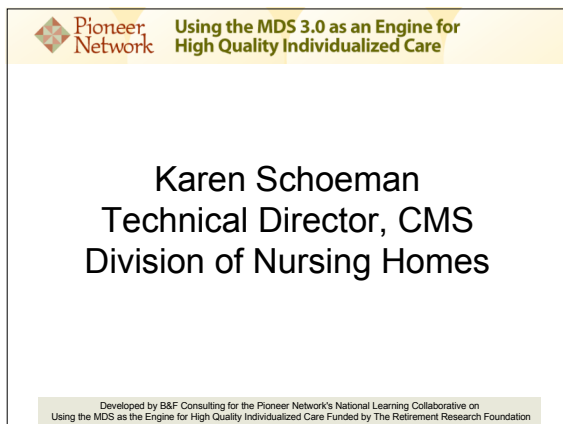
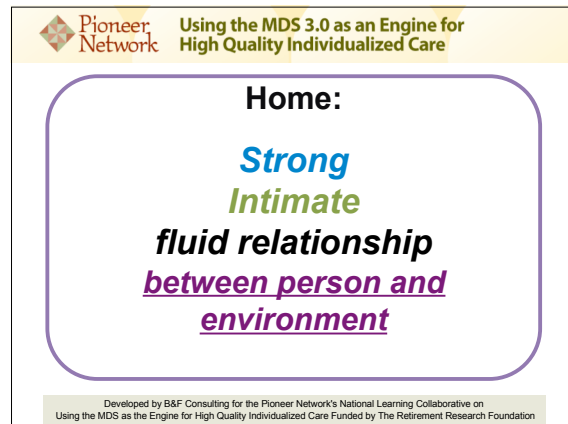
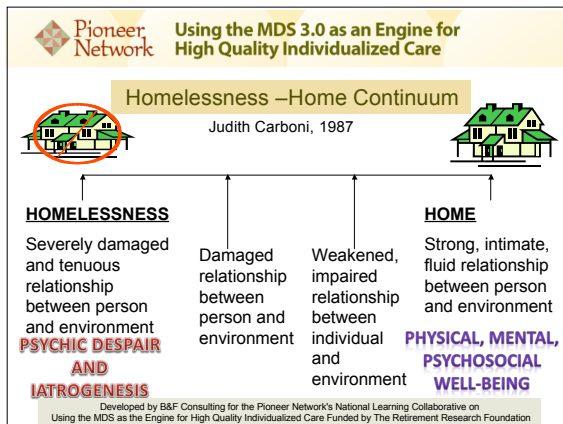
Weakened,
impaired
relationship
between
individual
and
environment



HOME

Strong,
intimate,
fluid
relationship
between
person and
environment

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Know the person

- Can my family come?
- Can the baby come?
- Can they bring the dog?
- Can they come late at night?

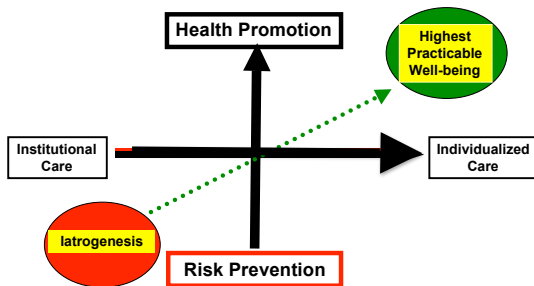
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Do they have hope?

- Physical Therapy is hard
- Hope is important
- If you have hope you will do better

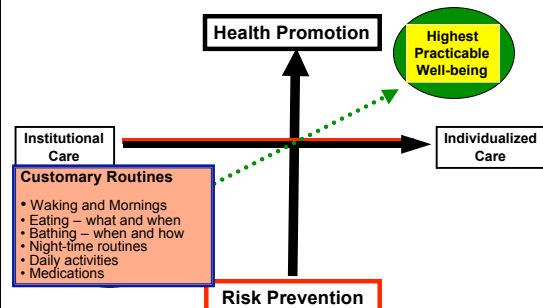
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FROM IATROGENESIS TO WELL-BEING



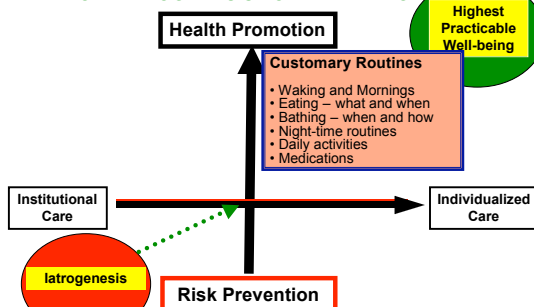
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FROM IATROGENESIS TO WELL-BEING



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FROM IATROGENESIS TO WELL-BEING



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Rhode Island Department of Health Individualized Care Pilot

Surveyors Speak About Their Journey in Understanding the Importance of Quality of Life

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Rhode Island Department of Health Individualized Care Pilot

For more information contact
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MDS Section F Customary Routines

Quality of Life Resident and Staff Interviews
Choices over schedules to include waking, eating, bathing, and going to bed at night, as well as health care schedules

Whether 11 years or 11 weeks

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Facility must:

- Actively seek information
- Be “pro-active” in assisting residents to fulfill their choices
- Make residents’ choices known to caregivers

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Karen Schoeneman

- The questions are similar to the MDS
- There is no way to individualize care without knowing the person

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Karen Schoeneman

- The surveyors will look at the outcomes.
- The surveyors will ask the CNA about the individual preferences.
- How can you know the preferences if you are not consistently assigned?

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Knowing and Honoring a Resident's Routines, and Passing it On

Shelley Colfer, CNA III
at Glenridge Living Communities, Augusta, ME

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FROM CONCEPT TO REALITY: Waking, Eating, Bathing, Sleeping
HOW TO OPERATIONALIZE CUSTOMARY ROUTINES
As shared by the team from St. Camillus Health Center in Whitinsville, MD

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Sandy Godfrey, DoN

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Left to right, top row: Bill Graves, Administrator, Brenda Kelliher, Rehab Aide,
Sandy Godfrey, DoN, Terry Lamoureux, LPN
Bottom row: Maureen Lawrence, CNA, Alice Hallinan, Resident, Alida Bloem, CNA

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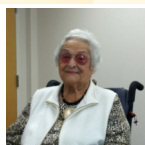


Alice Hallinan, Resident

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Alice Hallinan,
Resident

I'm an early riser.

My breakfast is just the way
I want it.

Even your eggs can be cooked
the way you want them.

I love my routine.

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Alida Bloem, CNA

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Using the MDS 3.0 as an Engine for High Quality Individualized Care



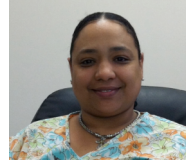
- We know the residents
- We know their routines
- Some like to get up early, some later
- Whatever they need

Alida Bloem, CNA

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Where I worked before it was like a factory.

Alida Bloem, CNA

Here we go at the residents pace

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By spending time with the residents you get to know them

You know when something is wrong

Alida Bloem, CNA

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- I love talking to families
- Residents are happy
- There is less stress

Alida Bloem, CNA

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When I hear you laughing out there I know everything is going to be alright

Alida Bloem, CNA

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When they first come in, families are very nervous

I put them at ease by asking questions

Maureen Lawrence, CNA

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Maureen
Lawrence,
CNA

I have a lot of early risers

Co-workers help out

You help me, and I help you

You want to take care of people the way you would want to be cared for

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Maureen
Lawrence,
CNA

The staff is the same.

Everyone works together.

I was skeptical at first.

Everyone's needs are being met.

Residents are so much happier.

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Maureen
Lawrence,
CNA

"I don't know the magic of it,
but it works!"

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Brenda Kelliher, Rehab Aide

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Brenda Kelliher,
Rehab Aide

We talk to residents, their families
and their consistent caregivers

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Brenda Kelliher,
Rehab Aide

We check to see if they are ready for
therapy.

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We put activities in with their exercise program.

Brenda Kelliher,
Rehab Aide

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We build therapy into their life.

When you work on their schedule it works much better for all of us.

Brenda Kelliher,
Rehab Aide

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If you go on their schedule it works better

Alida Bloem, CNA

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Resistance to care is minimized.

Maureen
Lawrence,
CNA

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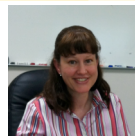


Terry Lamoureux, LPN

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The most important thing is the relationship you have with the resident.

By know who they are and what they prefer you work around that.

You figure out how they like things and you get it done.

Terry Lamoureux, LPN

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Terry Lamoureux, LPN

We work as a team.

We work with our doctors to make things more comfortable.

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Sandy Godfrey,
DoN

We worked with our pharmacy consultant to reduce medications during nights

Our doctors have been very cooperative

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Sandy Godfrey,
DoN

We do have the two hour window ~

By knowing the resident and their routines we can ask to have the meds ordered in a way that is in line with the residents customary routines.

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Sandy Godfrey,
DoN

At first the doctors asked why –

We did it neighborhood by neighborhood

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Sandy Godfrey,
DoN

We can offer meds upon arising

But once we know what time the resident usually gets up, we can get the order in a time frame that meets their schedule

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Sandy Godfrey,
DoN

We're flexible in time management

The survey team is fine with it as long as its what the resident wants and its in their plan of care

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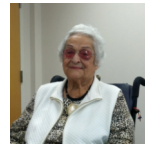
Sandy Godfrey,
DoN

"We try to mirror what they were doing at home."

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Alice Hallinan,
Resident

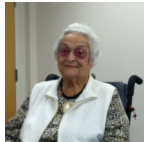
Years ago we used to get a tray...

But if you didn't like what was on the tray they had to go all the way back to get something else

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Alice Hallinan,
Resident

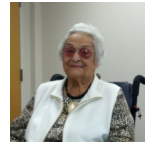
Now we have a food cart

We can have anything we want

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Alice Hallinan,
Resident

It is home....

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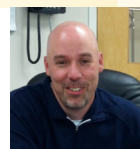


Bill Graves, Administrator

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Bill Graves,
Administrator

Dining and the kitchen was the bane of my existence

We had no where to go but up

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**Bill Graves,
Administrator**

Now our residents get whatever they want whenever they want it.

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**Bill Graves,
Administrator**

Now our biggest food complaint is how we slice the tomatoes.

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**Bill Graves,
Administrator**

Our cost have decreased.....
Our quality has increased.....

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**Bill Graves,
Administrator**

Now our residents are getting to eat what they want the first time.

We're no longer throwing away food

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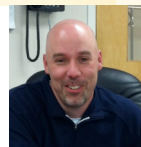
**Bill Graves,
Administrator**

We use heat and serve carts
Food is cooked in small batches
Food is loaded in smaller batches
Carts are brought to neighborhood
Food is plated right there on the neighborhood

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**Bill Graves,
Administrator**

The process is closer to resident

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**Bill Graves,
Administrator**

Before, we didn't have any cooks.
Now our cooks are cooks.
We cook everything from scratch.
We use fresh foods

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**Bill Graves,
Administrator**

Its fun to go in the kitchen now and
watch what they do!

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Terry Lamoureux, LPN

Everything smells so good

They can smell the carts coming
down the hall

I find that they eat more

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**Bill Graves,
Administrator**

We don't use supplements.
Our residents eat real food, at mealtime.
We use food instead of supplements.

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**Bill Graves,
Administrator**

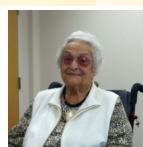
Our supplement cost was very
high—almost as high as food cost

Now its almost nonexistent.

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Alice Hallinan,
Resident

About digestion.....

We have fresh fruit every day!

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Sandy Godfrey,
DoN

Eating fresh fruit at every meal is a lot easier on your digestion.

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Using the MDS 3.0 as an Engine for High Quality Individualized Care



Sandy Godfrey,
DoN

We found we're giving fewer digestive aids than we had in the past.

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Using the MDS 3.0 as an Engine for High Quality Individualized Care



Alida Bloem, CNA

Where I worked before there was no choice.

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Using the MDS 3.0 as an Engine for High Quality Individualized Care



Alida Bloem, CNA

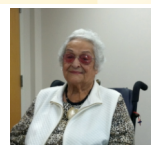
If someone is constipated it means that they are immobile.

This way is easier on everyone.

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Alice Hallinan,
Resident

I like my bath at night.

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Sandy Godfrey,
DoN

- We get to their likes and dislikes
- Do you want a bath or shower

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Sandy Godfrey,
DoN

Do you want it once a day,
twice a week, or three times a week?

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Sandy Godfrey,
DoN

You go out of your way to do what
they want, when they want, because
then their day will be great, and they
will return that to you.

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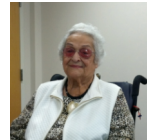
Alida Bloem, CNA

If you want an extra shower it
doesn't take much, and you
make the person feel so
much happier.

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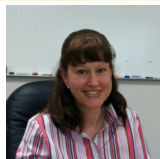
Alice Hallinan,
Resident

I don't like to go to sleep until
11:00.

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Terry Lamoureux,
LPN

If you don't sleep well you
won't -
– Eat well
– Take advantage of activities
– Use therapy

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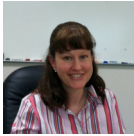
Terry Lamoureux, LPN

We try to group our interruption's
so as to minimize sleep
interruptions.

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It's like home, managed well

Terry Lamoureux, LPN

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The How of Change

What Advice Do You Have For Your Peers?

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Efficiency is often seen in silos.

A better way is to be logical and know that we're not running a factory.

Bill Graves,
Administrator

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About inclusion:

We don't have all the answers.

Other people may know the residents better than you do.

Bill Graves,
Administrator

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Maybe we should get a reclining shower chair....

Alida Bloem, CNA

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Don't be afraid to change.

Don't be afraid to listen.....

Involve everyone.

Sandy Godfrey,
DoN

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Sandy Godfrey,
DoN

I do like things to run well...

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Sandy Godfrey,
DoN

It took time.

We started one neighborhood
at a time.

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Sandy Godfrey,
DoN

We worked as a group on the same
page with the same goal.

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Sandy Godfrey,
DoN

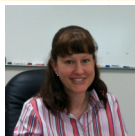
I changed.

We all changed

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Terry Lamoureux, LPN

I like being a nurse.

In this environment I can care for
residents better.

I work around their needs.

I treat them with dignity.

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Terry Lamoureux, LPN

I think that communication is key

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Terry Lamoureux, LPN

Because we have a family environment here the residents are happier.

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From Institutional to Individualized Care
Four Part Webcast
Part Four: The How of Change Practitioners

Final Words from Karen Schoeneman

Alice Hallihan's Advice

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Karen Schoeneman

"I give a lot of credit to people who work in long term care."

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Karen Schoeneman

"I say to the innovators, go innovate, show us the way!"

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Karen Schoeneman

"We know the answers – give people dignity and respect".

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Using the MDS 3.0 as an Engine for High Quality Individualized Care

***"You just have to say what you need...
... and you get it"***

Truly at home

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Integrating the MDS 3.0 Into Daily Practice

Series 1

**Integrating the MDS Into Daily Practice
and**

Series 2

**Integrating the MDS Into Daily Practice,
Clinical Applications**

are available for purchase
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