



Committee #1 | Person-Centered Care

Draft Priorities December 1st, 2022

The following is broken down into two parts: an executive summary and the original, detailed committee submission. Since original committee submissions often contain technical references, we've provided the executive summary for broader understanding of the priority recommendation.

Executive Summary

Committee #1's priority is to promote person-centered care that reflects each nursing home resident's goals, preferences, and priorities (GPP). The committee will address how to create and support a home-like setting involving both approaches to staff education and the physical environment.

Short-Term Priority

Work with nursing home residents, direct care staff, leaders, advocates, state government leaders, and others to test and implement reliable and consistent processes and systems in which resident goals, preferences, and priorities are described and documented on admission and as needed.

Long-Term Priority

Design and document a plan to work with state and federal agencies to construct or update nursing homes to provide smaller, more home-like environments with more private rooms and bathrooms.

NASEM Report Recommendation(s)

Goal 1: *Deliver comprehensive, person-centered, equitable care that ensures residents' health, quality of life, and safety; promotes autonomy; and manages risks.*



1A: *As a critical foundation to operationalizing person-centered care that reflects resident goals and preferences, the committee recommends compliance with regulations for person-centered care.*

1E: *Nursing homeowners, with the support of federal and state governmental agencies, should construct and reconfigure (renovate) nursing homes to provide smaller, more home-like environments and/or smaller units within larger nursing homes that promote infection control and person-centered care and activities.*

Detailed Committee #1 Submission

Introduction

NASEM Report Goal 1: *Deliver comprehensive, person-centered, equitable care that ensures residents' health, quality of life, and safety; promotes autonomy; and manages risks.*

Goal 1 focuses on the provision of person-centered care with five recommendations, 1A-E. After reviewing these, Committee members have chosen to focus on two recommendations.

Our Approach

1A: Care Planning

Recommendation 1A focuses on the ongoing identification, documentation, and implementation of resident preferences. This recommendation emphasizes the use of the care plan as a way to capture and share resident information. Committee members suggested that this care plan be a working document and not solely a clinical, transactional record of the resident's care.

We propose looking at this in the context of gathering information about who the resident is as a person (honoring personhood) both in the past and in the present. We will work with Committee #7 to use Health Information Technology (HIT) to gather and document resident preferences. We will use other



communication methods, in addition to HIT, and move beyond the minimum care planning regulations. This will likely entail building off of and enhancing existing HIT recordkeeping when possible.

Additionally, we will identify practical evidence-based tools that help nursing home communities safely support the preferences of residents while honoring resident autonomy and supporting shared decision-making practices. The work in this area intersects with the work of Committees 6 and 7 and we will be working with them to support components of our care planning action plan.

1E: Small Home Construction

Recommendation 1E is focused on constructing smaller homes and renovating larger homes to create smaller environments within them to promote infection prevention and person-centered care. Additionally, committee members emphasized that we need to ensure that people on Medicaid are also receiving the benefits of these private rooms. There may need to be tax benefits or incentives for existing facilities to implement these changes.

Our Committee agrees that it is a priority to move 1E forward. The complexity involved will require the assistance of other committees. In addition, we are aware of the legislative efforts to advance new models of care and that will be taken into consideration as an action plan is developed. Committee #1 will begin exploring the components of this goal so that we can develop an action plan for the short-term while also preparing a long-range plan.

Additional Proposal

Committee #1 members feel this work should be viewed within a broader perspective of *organizational culture that transcends the work of every committee*. We suggest a workgroup or other approach dedicated to this effort.