

Implementation of Person Centered Care

NYSADSA Annual Conference

September 30, 2016

Tools used to implement PCC

- Detailed initial telephone or face to face intake
- First Visit (participant assessment and evaluation through engagement)
 1. Comprehensive SOFA Assessment
 2. Program Assessment including client's life history, likes and dislikes, hopes for the program
- Individualized Care Plan
- Social Work Services
 - Concrete services
 - Supportive services
- Respect for Participants's Personhood (Participant should be involved in every aspect of the care and services received in a given Program)

Initial Intake

- Level of memory loss and functioning(alert and oriented, short term memory, long term memory)
- Medical/mental health issues and histories
- Mobility (assistive device, transferring needs, gait issues)
- ADL's (can participant bathe, dress and groom self with or without assistance, housekeeping, cooking)
- Feeding issues, swallowing issues
- Toileting (continent, use diaper?, need physical assistance while toileting)
- Concerns (isolation, progression of confusion and memory loss, physical activity needs)
- Likes and dislikes, what brings joy-very important (music, reading, dancing, arts and crafts, conversation)
- Anything else participant or caregiver wants you to know

Sample of Initial Intake Form

**Riverstone Senior Life Services
Memory Center
Initial Phone/Walk-In Referral: Intake**

Date of phone call/walk in: _____
 Referral Source (name of person or org.) _____
 Relationship to potential client: _____
 Referral source phone # _____
 How did you hear of us: _____

Potential Client Information

Name: _____ Telephone: (____) _____
 Address: _____ DOB: _____
 _____ Medicaid ID# _____
 Health Insurance Plan: _____ Medicare# _____
 HHA Hours: _____ HHA Name/Ph#: _____

Circle one:	Marital Status:	Race/Ethnicity	Living Status
	Single	Black	Alone
	Married	Hispanic	With Spouse
	Separated/Divorced	White	With Relative
	Widowed	Other: _____	With Others
	Other		

Country of origin: _____

Languages:

Primary: _____ Speaks: ___ Reads: ___ Understands: ___
 Secondary: _____ Speaks: ___ Reads: ___ Understands: ___

Primary Caregiver Information:

Name: _____ Address: _____
 Relationship: _____
 Language(s): _____ Phone#:(____) _____

Assistive Device(s) (Circle the ones that apply):

Cane Walker Wheelchair Hearing Aid Eyeglasses None

Does Client have Safe Return Bracelet?: ___ Yes ___ No

Days interested in Attending: M ___ T ___ W ___ Th ___ F ___

Needs Transportation: ___ Yes ___ No

Has a dementia/Alzheimer's diagnosis been made? ___ Yes ___ No

If yes, by whom, where and when? _____

First Visit

-SOFA Assessment

- **Detailed medical health history**

- a) All current medical conditions and medications
- b) Last medical visit and outcome
- c) Any ER visits or hospitalization and why
- d) Surgeries

- **Mobility and ambulation**

- a) Assistive devices
- b) Gait or balance issues
- c) Transfer needs
- d) Physical limitations or restrictions

- **Nutrition**

- a) Food restrictions or allergies
- b) Special food accommodations (softened, puree)
- c) Does the client have to be fed, food cut, need prompting and ongoing supervision while eating
- d) Any nutritional risks

First Visit

-SOFA Assessment (continued)

- **Psycho-Social Status**
 - a) Detailed mental health history
 - b) Anxiety or depression
 - c) Mental health treatment by psychiatrist
 - d) Seeing a therapist
 - e) Any psych hospitalizations
- **Activities of Daily Living/Instrumental Activities of Daily Living**
 - a) Need assistance with bathing, dressing, grooming (if so how much and are needs being met)
 - b) Toileting needs (continent, incontinent, diaper, how much assistance is needed)
 - c) Need assistance with housekeeping, shopping, laundry, cooking
 - d) Need assistance with transportation, administration of medication, personal finances (if so how much and are needs being met)

First Visit

-SOFA Assessment (continued)

- **Assess caregiver need**
 - a) What is caregiver involvement?
 - b) Is caregiver overwhelmed?
 - c) Assess the relationship between client and caregiver; any concerns?
 - d) Does caregiver need assistance with obtaining entitlements and services for loved one or self?
 - e) Does caregiver need information on caregiver resources and services?

First Visit

Program Assessment

- **Life History**
 - a) Birth Place and when came to US
 - b) Childhood family structure
 - c) Education and Work History
 - d) Adult Family Structure
 - Married/Divorced/Widowed
 - Children/Grandchildren
- **Past and Current Hobbies, Interests, Likes**
 - a) Music
 - b) Art
 - c) Boardgames/Puzzles
 - d) Travel
 - e) Reading
- **Hopes for the Program**
 - a) Socialization, decrease isolation
 - b) Enhance memory and cognition
 - c) Enhance physical well-being

First Visit

Program Assessment (continued)

- **Summary**
 - a) Create a detailed summary including all of the above information which is read by each program leader, assistant and administrator in order to provide individual care and engagement
- **Social Service assessment**
 - a) What entitlements and concrete services are needed (for both participant and caregiver)
 - b) What support services are needed (for both participant and caregiver)
- **Anything else participant or caregiver wants you to know**
 - a) Every little detail counts and will help with providing individualized care and services
- **Post First Visit Meeting**
 - a) Meet with all staff to discuss outcome of participant evaluation and engagement, SOFA assessment and Program assessment
 - b) Create plan of care including group assignment, activities, needs, transportation, social services to be provided
 - c) Discuss and plan for any concerns, special needs and accommodations

Individualized Care Plan

Completed within 30 days of admission date. Updated as needed, at least yearly.

Reviewed with participant and caregiver

Details all participant's information, needs and engagement

- **Medical/Nutrition/Sensory/Medication/Pain Status**
 - a) Includes detailed information about participant's current medical status, nutritional and ambulatory needs
- **Cognitive/Psychological/Spiritual/Communication Status**
 - a) Details participant's level of mental function and whether or not he or she can communicate needs and follow directions
 - b) Details participant's personal history, family information and spirituality
- **Goals and Outcomes**
 - a) What social, cognitive and physical goals and outcome are expected for participant
 - b) Includes what activities will be engaged in to meet specified goals and outcomes
- **Socialization**
 - a) Details level of engagement in particular activities and whether or not assistance is needed
- **Functional Assessment/Staff intervention**
 - a) Details physical level of function and level of staff intervention and assistance necessary

Sample of Individualized Care Plan 1

Adult Day Services Individualized Care Plan

Participant: _____ Current Date 01/26/2016
 Schedule: M, T, W, TH, F, S/ Age 93 Date of Enrollment 12/28/2015
 Transportation

MEDICAL/NUTRITION/SENSORY/MEDICATION/PAIN STATUS
 Client was diagnosed with Dementia in 2008. Client uses a walker and glasses. Client experiences difficulty with hearing. His medical condition includes hypertension, has a pacemaker, suffered from skin cancer in the past, and has partial intestinal obstruction. He takes his medications at home. Client has food restrictions, in which he must follow a Low Fiber Diet. Client's food restrictions are as follows: No Coffee (he can have tea). He can have a graham cracker or chocolate chip cookie, but not oatmeal cookie. No green vegetables (broccoli, spinach, collard greens, kale etc.) No beans or peas of any kind. No Cabbage, cauliflower, Brussel sprouts. No peppers or onions. No whole wheat bread or Brown rice. No Fruit with skin (he can have canned fruit except prunes). No Potato with skin or Mushroom. Client belongs to the Medical Safe Return Program.

COGNITIVE/PSYCHOSOCIAL/SPIRITUAL/COMMUNICATION STATUS
 Client is alert, cooperative, and oriented to person and place but has some disorientation to time. Client was diagnosed with Dementia in 2008. He was born August 6th, 1922 in Russia. His highest level of education is the 8th grade. Client previously held several positions in the Jewelry Industry. He worked as a Jeweler, Diamond Cutter, and also worked in his Family Jewelry Business. He retired at 70. Client has a Jewish religious background. He has been married 3 times and has 3 children. Client is able to communicate his needs with assistance and guidance.

GOALS			
Expected Outcome	Outcome Criteria	TD	DA
Improve Social Skills.	Client will be encouraged to participate in group activities.	12/15	12/16
Improve Cognitive Function.	Client will be encouraged to participate in cognitive games, which include but are not limited to Table/Board games.	12/15	12/16

TD: Target Date DA: Date Achieved

SOCIALIZATION	
Activity	Level of Engagement
Movement Therapy	Active
Music Therapy	Active
Singing	Active

Capacity for Self-esteem
 During small group discussions, Client is usually engaged in conversation and enjoys speaking about issues that are going on in the world. Client enjoys listening to music.

FUNCTIONAL ASSESSMENT/STAFF INTERVENTION	
ADLs	Level of Care
<ul style="list-style-type: none"> Mobility Transfers Toileting Continence Eating Self administration of medication Supervision and Monitoring 	<ul style="list-style-type: none"> Assistance Assistance Assistance Monitoring/Toileting Schedule Verbal Cues Taken at home Assistance

Capacity for independence and self care
 Client will be encouraged to continue socializing with his peers. He will be encouraged to continue to participate in group activities of his choice. Also, he will be attending the chair exercise class 3 times per week.

Participant/Caregiver signature: _____ Date: _____
 Program staff signature: _____ Date: _____

Sample of Individualized Care Plan 2

Adult Day Services Individualized Care Plan

Participant Schedule: M,T,W/W/Transportation Age: 81 Current Date: 12/30/2015
 Date of Enrollment: 12/15/2015

MEDICAL/NUTRITION/SENSORY/MEDICATION/PAIN STATUS
 Client suffers from Macular degeneration, Dementia Disorder, Hypertension, High Cholesterol, High Blood pressure and Depression. She was diagnosed with mild cognitive impairment in 2012; she was also diagnosed with Alzheimer's in 2015. Client also wears glasses, she follows a sodium restricted diet and she is allergic to penicillin medication. Client's medications are taken at home. She belongs to the Medical Safe Return program and also has home care services.

COGNITIVE/PSYCHOSOCIAL/SPIRITUAL/COMMUNICATION STATUS
 Client is alert demonstrates loneliness periodically and has a memory deficit. She was born on July 25, 1934 in France. She earned a Bachelor's Degree and became a teacher for over fifty years. Client came to United States in the year 1990. She married and had two daughters. After 15 years of marriage, she divorced and remarried. Client has a long history of Depression which she treats with medication. Her daughter is concerned about isolation and loneliness which contributes to her Depression. Family members want her to engage in socialization activities to enhance, maintain and to improve memory and socialization. She is from a Jewish religion. She can identify and verbalize her needs.

GOALS			
Expected Outcome	Outcome Criteria	TD	DA
Orientation and Adaption to the Program	Client will be encouraged to participate in daily orientations. She will also be encouraged to participate in small discussion groups with topics of his choice.	12/15	12/16
Improve Cognitive Function	Client will be encouraged to participate in cognitive games such as Brain Teasers, Trivia and Table/Board games.	12/15	12/16

TD: Target Date DA: Date Achieved

SOCIALIZATION	
Activity	Level of Engagement
Movement Therapy	Active
Small Discussion Groups	Active
Painting	Active

Capacity for Self-esteem
 Client is a member of the Memory Center. She likes Art & Museums, Teaching, Theaters, and enjoys listening to music.

FUNCTIONAL ASSESSMENT/STAFF INTERVENTION	
ADLs	Level of Care
<ul style="list-style-type: none"> • Mobility • Transfers • Toileting • Continence • Eating • Self administration of medication • Supervision and Monitoring 	<ul style="list-style-type: none"> • Verbal Cues • Verbal Cues • Verbal Cues • Monitoring/Toileting Schedule • Some Assistance • Taken at home • Verbal Cues

Capacity for Independence and self care (Use of existing capacities, develops new capacities and interests and compensate for existing or developing impairments in capacity):
 Client used to work as teacher. She will be encouraged to conduct a lecture for her peers. Also participate in activities of her liking such as small orientation group chats and current events discussions. In addition, she will be encouraged to participate in table/board games to improve cognitive function.

Participant/Caregiver signature: _____ Date: _____

Program staff signature: _____ Date: _____

Social Work Services

- **Concrete Services**

- a) Register with Safe Return program
- b) Assist with applying for grant to pay for SADC attendance while waiting for Medicaid or MLTC enrollment to be processed
- c) Assist with Medicaid application
- d) Assist with MLTC enrollment including call to MLTC and enrolling with MLTC
- e) Assist with obtaining authorizations and homecare
- f) Provide ongoing assistance to obtain and maintain all entitlements and services

- **Supportive Services**

- a) Emotional support (listening, allowing to vent and validating)
- b) Provide counseling and advise on navigating services related to caregiving and self-care
- c) Reassurance
- d) Empowerment and stress reduction
- e) Advocacy

Respect for Participant's Personhood

- **This is the most important tool and philosophy of Person Centered Care, and participant is always thought of and treated with respect for personhood first and foremost**
 - a) Participant is a valued and vital person who knows what he or she wants and needs
 - b) Participant's feelings and perspectives on the world and their role in it is important
 - c) Participant is always a part of planning
 - d) Participant is always listened to, and wishes are met
 - e) Participant's emotional needs and concerns are addressed, explored and supported
 - f) Each participant is an individual and treated as such
- **Participant is involved and engaged in every aspect of care and services provided**
 - a) Participant's wishes and desires are an integral part of planning of activities and services provided
 - b) Care plan is reviewed with participant for modification and approval
 - c) Participant provides feedback and action is taken
 - d) Participant decides what activities he or she will or will not participate in and alternatives are provided
 - e) Individualized activities are created to meet participant's needs and wishes