



# S.C. Institute on Aging

*“The Interdisciplinary Approach  
to Care Planning”  
and  
“The Common Sense Approach  
to the MDS 3.0”*

*Presented by Catherine R. “Cat” Selman, BS*

February 28 and 29, 2012

8:30am to 4:15pm

Still Hopes Episcopal Retirement Community

1 Still Hopes Drive, West Columbia, SC

CEU HOURS APPROVED BY THE SC BOARD OF LTHCA



# S.C. Institute on Aging

February 28 and 29, 2012

## Daily Agenda

8:30am Registration

9:00am Interdisciplinary Approach *(includes a break)*

- ◆ Tuesday – Care Planning
- ◆ Wednesday — MDS 3.0

12:15pm Lunch *(provided onsite)*

1:00pm Interdisciplinary Approach *(includes a break)*

- ◆ Tuesday – Care Planning
- ◆ Wednesday — MDS 3.0

4:15pm Adjourn

## Catherine R. “Cat” Selman, BS

Ms. Selman is the President/Co-Owner of The Healthcare Communicators, Inc., an approved continuing education provider in over 40 states for healthcare professionals in aging services.

Ms. Selman is considered an authority in person-centered care and interdisciplinary care plan development. She has over 30 years' experience training federal/state agencies, federal/state surveyors, RNs, LPNs, and other healthcare professionals in the area of care planning, documentation, MDS/RAI process, quality of life and regulatory compliance for nursing facilities. She has served on numerous CMS workgroups/expert panels who write and/or develop surveyor investigate protocols and interpretive guidance for nursing home regulations. Ms. Selman served as a Corporate Management Consultant to 101 nursing homes in 7 states before starting her own business in 1988.

# Tuesday, February 28, 2012

## Program Description

### The Interdisciplinary Approach to Care Planning

“Care Plans.” Those two words alone can cause fear and frustration to most long term care professionals. Are we supposed to have separate, individual-discipline plans for every resident; or are we required to have *one* comprehensive care plan for each resident? And which care model do we use – medical or social; problem-based or needs-based? The debate goes on, the confusion grows, and professionals are now becoming so concerned over *writing* a care plan that they have no time to actually *implement* a realistic, workable care plan.

Care planning is an essential part of healthcare, but is often misunderstood or regarded as a waste of time. Without a specific document delineating the plan of care, important issues are likely to be neglected. Care planning provides guidance to every care team member who is responsible for a resident’s care. Many people believe that the care plan is the sole domain of nurses. This view is damaging to all members of the interdisciplinary team, as it shortchanges the non-nursing contributors while overloading the nursing staff. This practice can also lead to citations, poor care, and even litigation. To be effective and comprehensive, the care planning process must involve all disciplines that are involved in the care of the resident.

This educational offering will give participants an overview of the comprehensive care plan process, as well as specific details regarding:

- ◆ CMS Requirements and Guidance
- ◆ Person-centered care
- ◆ Individualizing each resident’s plan of care
- ◆ Interdisciplinary Assessment
- ◆ The “total team” concept
- ◆ Plans that promote psychosocial well-being
- ◆ Pain, behavior, depression and end-of-life issues
- ◆ Legal aspects of the care plan

Participants will be able to identify federal requirements, surveyors’ expectations, and specific care issues as they relate to the care plan process. Care team members will learn how each discipline can truly assist in the development of a “resident-centered” care plan that is designed to meet specific care/medical issues, as well as help the resident “attain or maintain their highest practicable psychosocial well-being.”

#### **Session Objectives:**

At the end of this session, learner will be able to:

1. Describe federal requirements regarding the comprehensive care plan.
2. Define the components of an interdisciplinary, person-centered care plan.
3. Describe the responsibilities of each care discipline as they relate to the comprehensive care plan.
4. Describe care interventions that specifically address pain, depression, palliative care, and behavioral issues.

# Wednesday, February 29, 2012

## Program Description

### The Common Sense Approach to the MDS 3.0

With the implementation of the MDS 3.0, *interviewing* has taken on a more significant role in the resident assessment process. CMS states that “all residents capable of any communication should be asked to provide information regarding what they consider to be the most important facets of their lives.” There are several MDS 3.0 sections that require direct interview of the resident as the primary source of information (e.g., mood, preferences, pain). CMS further states that “self-report is the single most reliable indicator of these topics and that staff should actively seek information from the resident regarding these specific topic areas.” Who should conduct the interviews? What type of individual will be the most effective interviewer? And is it possible to conduct them in a faster manner? In this session, Ms. Selman will share CMS guidance, as well as practical, common-sense communication techniques that can be utilized effectively when interviewing elders.

Care Area Triggers (CATs) provide a “flag” for the IDT members, indicating that a triggered care area needs to be assessed more completely prior to making care planning decisions. For the MDS 3.0, the RAPs have been replaced by Care Area Assessments (CAAs). CAAs are identified by responses to items coded on the MDS. Due to time constraints, Ms. Selman will be unable to cover each Care Area Assessment (CAA) in detail; however, she will cover CMS guidance regarding specific “CAT logic” for several of the identified care areas that can negatively impact a facility’s survey. In this session, Ms. Selman will provide guidance and instruction on the Care Area Assessment (CAA) Process, the utilization of the Care Area Triggers (CATs) and their relationship to the development of an individualized, person-centered comprehensive care plan. Specific guidance on process and documentation for the following CAAs, as well as survey implications:

- ◆ Communication
- ◆ Mood State
- ◆ Activities
- ◆ Behavior
- ◆ Psychosocial Well-Being
- ◆ Return to Community

The RAI helps nursing home staff gather definitive information on a resident’s strengths and needs, which must be addressed in an individualized care plan. It also assists staff with evaluating goal achievement and revising care plans accordingly by enabling the nursing home to track changes in the resident’s status. As the process of problem/need identification is integrated with interdisciplinary interventions, the care plan becomes the tool by which each resident can achieve or maintain his or her highest practical level of well-being. Surveyors will expect the plan of care to address identified factors with the goal of: (1) improvement where possible or (2) maintenance and prevention of avoidable declines. The RAI helps nursing home staff look at residents holistically—as individuals for whom quality of life and quality of care are mutually significant and necessary. In this session, Ms. Selman will demonstrate how the RAI process culminates in the development of an individualized, person-centered care plan that meets resident needs and survey requirements.

### Session Objectives:

At the end of this session, learner will be able to:

1. Describe the principles of effective interview process for the MDS 3.0.
2. Define a Care Area Trigger (CAT) and describe the 20 Care Area Assessments (CAAs) required by CMS.
3. Describe the process and content for further resident assessment utilizing the CMS- specific CAAs.
4. Describe the relationship and process of the MDS 3.0, CATs and CAAs to the development of a resident-centered comprehensive care plan.

# Registration Form

## February 28 and 29, 2012

### Still Hopes Episcopal Retirement Community

#### Registration Information

*(Please complete one form per attendee.)*

- ◆ **Deadline is Monday, February 20, 2012. Please register today.**
- ◆ Please EMAIL your registration form with a note "Check to Follow" on the form.
- ◆ If you fax this form, please email a notification to [bbouknight@leadingagesc.org](mailto:bbouknight@leadingagesc.org).

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Facility/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

NHA/CRCFA License # \_\_\_\_\_

#### Registration Fees

**If you want to attend only one day, please select your session (Tues or Wed).**

Tuesday Session only — Care Planning (6CEUs) \$ 90 \_\_\_\_\_

Wednesday Session only — MDS 3.0 (6CEUs) \$ 90 \_\_\_\_\_

**If you want to attend both sessions, please select this option.**

Both Sessions — Tues & Wed (12CEUs) \$160 \_\_\_\_\_

Total Fee Due: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO AGING SERVICES INSTITUTE OF S. C.**

**AND MAIL TO:**

**2711 MIDDLEBURG DRIVE, SUITE 309-A,**

**COLUMBIA, S.C. 29204-2413**

**(803) 988-0005 Fax: (803) 988-1017**

**Email: [bbouknight@leadingagesc.org](mailto:bbouknight@leadingagesc.org) or Website: [www.leadingagesc.org](http://www.leadingagesc.org)**

# Directions

**Still Hopes Episcopal Retirement Community**  
**1 Still Hopes Drive, West Columbia, SC (803) 796-6490**

## **FROM CHARLESTON:**

1. Take I-26 Westbound to Columbia
2. Take Hwy #378 - Exit #110
3. Top of ramp you want to go right towards West Columbia and not towards Lexington and away from the Hospital
4. You will travel on Highway 378 about 4 miles - you will go through a stoplight which is the intersection of #378 and 12th Street
5. Continue straight for a short distance and turn right on 9th Street - no light at this intersection but is a major road
6. You will travel through a residential area and through a 3-way stop
7. Shortly after the 3-way stop you will see a sign on your left for "Still Hopes Rear Entrance". You may enter here for parking.

## **FROM GREENVILLE/SPARTANBURG:**

1. Take I-26 Eastbound to Columbia
2. Stay on I-26 Eastbound towards Charleston
3. Take Hwy #378 - Exit #110
4. Top of ramp you want to go left towards West Columbia and not towards Lexington and away from the Hospital
5. You will travel on Highway 378 about 4 miles - you will go through a stoplight which is the intersection of #378 and 12th Street
6. Continue straight for a short distance and turn right on 9th Street - no light at this intersection but is a major road
7. You will travel through a residential area and through a 3-way stop
8. Shortly after the 3-way stop you will see a sign on your left for "Still Hopes Rear Entrance". You may enter here for parking.

**NOTE: There is Visitor parking in a lot near the Mansion or you may park in Lot H which is past the cottages and near Building 5.**