MEETING RESIDENT CHOICES AND PREFERENCES

Improvement Recommendations

1. Conduct an initial assessment of each resident’s regular daily patterns of activity. It may be necessary to include questions beyond those that are on the MDS.
   • Create a daily schedule based on resident wishes and regular patterns of life:
     ✓ Rising and sleeping
     ✓ Eating
     ✓ Bathing (e.g., shower, tub bath, whirlpool, bed bath)
     ✓ Activities, etc.
   • Inform residents of group activities in which they might enjoy and ensure they can get to those that they enjoy:
     ✓ Religious services
     ✓ Current events
     ✓ Community activities
     ✓ Cooking
     ✓ Games
     ✓ Movies
     ✓ Volunteer activities
     ✓ Fitness and wellness programs
     ✓ Outings
   • Provide residents with things they need to engage in individual activities:
     ✓ Books (newspapers, audio books, e-books etc)
     ✓ Yarn
     ✓ Playing cards
     ✓ Art supplies
     ✓ Wi-Fi
     ✓ Telephone
     ✓ Sitting or walking outside
     ✓ Gardening
     ✓ Privacy during visitation
   • Consider each resident’s preferences regarding food and dining:
     ✓ Timing of meals
     ✓ Place of meals
       ▪ While residents are encouraged to eat with others, there may be reasons a resident prefers eating along (e.g. blindness, paralysis.)
     ✓ Menu selection
     ✓ Ability to order out
     ✓ Opportunities for familiar foods brought in by families and friends

2. Determine how the resident wants to participate in the care plan:
   Ensure that care plans are reflective and based on the resident’s personal habits, routines, and likes and dislikes.
   Provide reasons when choices and preferences cannot be accommodated.
   Structure care planning for the convenience of family members (weekends, weeknights, phone, Skype, etc.)
   Determine how/when families want to be notified of changes in their resident’s situation.
3. Residents are supported in shared decision making.
   - Shared decision making is particularly important when:
     ✓ There is insufficient evidence of a “most effective” treatment option.
     ✓ A choice between an invasive and non-invasive diagnostic or treatment option exists.
     ✓ Quality of life and life expectancy issues are involved.
   - Engage each resident and their family in advanced care planning.
   - Ensure each resident has identified a person who has medical power of attorney.
   - Provide residents and their approved family members access to the resident’s medical records.
   - Use varied communication tools to assist non-verbal residents in expressing preferences and needs (e.g., dry erase boards, iPad.)

4. Ensure that residents and families can participate in resident and family councils where their input is welcomed and choices and preferences can be discussed. This representation actively engages residents and families in solving issues that arise, and encourages cooperation between residents, families and staff.

5. Effective Communication Practices:
   - Establish standards for communicating with residents and families, including:
     ✓ Express care and concern by asking, “How are you doing? Is there anything else that I can do for you?”
     ✓ Engage in conversation with the resident about his/her needs and preferences.

6. Empower staff to meet residents’ appropriate requests when possible.
   - Make all staff members aware of the importance of their role in sharing information they receive about choices and preferences.
   - Ensure that all staff members know to whom they should report information about choices and preferences.

7. The national movement, known as Culture Change, has been very influential in the way we do things in long-term care, especially related to choices and preferences. Click on this URL to get in depth information as well as data about those who have adopted this philosophy: http://www.pioneernetwork.net/Data/Documents/NationalDemonstration%20.pdf