

Course Descriptions

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Person-Centered Care Planning & the Social Worker's Role

Since the new CMS survey process has gone into effect, deficiencies in “person-centered care” have been routinely cited in most facilities. The basis for individualized care revolves around, and is directed by, the resident’s comprehensive care plan. This one document causes more frustration, confusion, and concern than almost any other piece of documentation. Who is involved? How is it written? How do we make the plan “individualized,” especially when utilizing computer-generated plans? And, ultimately, what are surveyor’s expectations in this area? And what are the requirements involving the social service/psychosocial well-being component of that comprehensive plan? It seems that when we begin to write or develop social care plans, we get so caught up in “textbook terminology” that no one really understands what the Social Worker has written. The plans seem to be so generic that they could be applied to any and all residents in the building, an immediate and direct deficient practice. In many cases the plan is not reflective of the actual care and service that is being provided to the resident. And let's be honest, most Social Workers write more when less would be so much better. Surveyors are being asked to determine how the care plan links goals to psychosocial functioning/well-being. In this session, utilizing the MDS 3.0 and Social History/Assessment as a foundation, Cat will share guidance as to the identification of needs, issues, strengths, choices/preferences and the development of person-centered, individualized goals and interventions that will be truly reflective of the care and services we are providing.

Learner Objectives:

1. At the end of this session, learner will be able to define “person-centered care” as defined by CMS.
2. At the end of this session, learner will be able to describe the social service component of the Comprehensive Care Plan.
3. At the end of this session, learner will be able to describe surveyor focus and the Critical Element Pathway assessing the Comprehensive Care Plan.

Help Me! Help Me! - The Common Sense Approach to Dealing with Challenging Behavior

CMS has placed much more survey focus on facility interventions for behavioral challenges and dementia care, as well as utilization of non-pharmacologic interventions for the reduction of antipsychotics. There is now a specific Critical Element Pathway that addresses Behavioral & Emotional Health that surveyors utilize during the survey process. Alleviating the symptoms of the behavior becomes an increasing challenge for the healthcare professional, especially as the percentage of nursing home and assisted living residents with dementia steadily increases. Additionally, we are admitting more and more residents with mental illness diagnoses. CMS states quite clearly that we are supposed to meet those care needs, and that our staff should be properly trained to provide services in this area. In many cases, facility staff have not been properly trained to deal with challenging behavior. As a result, staff continue to simply **react** to behavior, as opposed to **preventing** or **minimizing** the behavior. This session will teach assessment techniques that identify variables that predict and maintain problem behavior, and improve the effectiveness and efficiency of behavioral support plans. This session will identify causal factors and provide valid interventions for a variety of behaviors. Surveyors have been given examples of successful interventions and expect to find these when they assess facility programs.

Shouldn't your staff have this information also? Using humor, Cat will cover common sense, "down-to-earth" techniques for dealing with specific behavioral issues. Both federal and state surveys are now taking a closer look at behavior management programs in facilities. Will your programs and interventions stand up to that scrutiny?

Learner Objectives:

1. At the end of this session, learner will be able to describe the components of a behavioral tracking document.
2. At the end of this session, learner will be able to describe surveyor questions that are included in the Behavioral-Emotional Health Critical Element Pathway.
3. At the end of this session, learner will be able to describe specific staff interventions that may be utilized when responding to challenging behavior.

Here is the description, with the learner objectives:

You Know My Name...NOT My Story!"

From the moment we meet a new "admit," the "facts" begin pouring in! Birth date, marriages, education, occupation, children, significant health issues, finance...and on and on it goes...Our records for the individual are "jam-packed" with DATA!!! However, we usually don't "discover" the person until they die, and we read their obituary. This one document is filled with such insight and "stories," that we think, "I wish I had known that." And here's the sad reality: *we **should*** have known that information!! We *should* have met the **PERSON**, not the **RESIDENT!** The key is for staff to *know* those personal stories. When an individual loses their memory, they are not able to find (recall) those memories on their own. They need help from someone who knows "their" story. Reminiscence, or remembering the past, is an essential human need. How many times have you looked at someone in your life and started a sentence with, "Remember when we..." or "I remember when..." What if every time you said those words, someone would say, "You already told me that..." How would it make you feel? And would you eventually just stop saying *anything* to anyone? The ability to reminisce is significantly associated with psychosocial well-being among the elderly. From structured, topic-specific reminiscence sessions, to spontaneous, "for the fun of it," individual conversations, participants will learn the correct process and benefit of this wonderful technique. Come and learn as Cat teaches us the role we play in developing an elder's story; a process that ultimately helps staff better meet the needs of elders. By doing so, we can truly impact an elder's quality of life in a positive way. Together we can learn the *real* story!

Learner Objectives:

1. At the end of this session, learner will be able to define the benefits of reminiscence.
2. At the end of this session, learner will be able to describe the different types of reminiscence.
3. At the end of this session, learner will be able to describe the content that should be included when writing a resident's life story.