Person-Centered Care Planning: Dementia Care

The Centers for Medicare and Medicaid Services (CMS) defines person-centered planning as a process, directed by the person (or representative), intended to identify the strengths, capacities, preferences, needs, and desired outcomes of the person and **his/her** goals for care. The person (or representative) directs the process; they are equal partners in the planning of their care. Any interventions or services provided as part of the comprehensive care plan must also be "culturally-competent and trauma-informed).

In addition to the person or their representative, the care planning team must include the attending physician, an RN **and** a CNA with responsibility for the person, a representative from food/nutrition services and other staff/professionals as needed.

Federal Regulations – Person Centered Care Planning

Federal regulations related to the care planning process can be found in the State Operations Manual, Appendix PP.

- F655 (§483.21(a)) Baseline Care Plans
- F656 (§483.21(b)) Comprehensive Care Plans

Creating a Person-Centered Care Plan

A person-centered care plan is one with a focus on what is important "to" the person, not just what is important "for" him/her. It should address the quality of the person's life as he/she defines it. This requires thorough knowledge of the person, their life-long habits, preferences, and their goals for care. Any planned interventions must be specific to the person and his/her circumstances. For example, the use of personalized playlists as part of a Music & Memory® program for people with dementia.

Care Planning Dementia-Related Target Behaviors – Case Examples

Mrs. Smith has severe cognitive impairment, with a primary diagnosis of Alzheimer's disease, and a secondary diagnosis of psychosis-not otherwise specified (NOS). She has been known to grab or strike out at the CNAs while they assist her with getting dressed. She can also become verbally abusive by cursing at staff. This usually happens when moving her arms and legs.

Date	Problem/Concern	Goal	Interventions	Discipline
1/3/24	Mrs. Smith is exhibits daily physically and/or verbally abusive behaviors during ADL care. • Curses at staff • Grabs and pinches staff • Strikes at staff with her fist	Mrs. Smith will experience no more than 2 episodes of abusive behaviors in each of the next 6 weeks. She will have no more than 4 episodes of abusive behavior per month by 04/30/24.	• Mrs. Smith is sensitive to cold temperatures, so keep her room's thermostat is set at 76^0. She wears a sweater during the day.	All staff
			• An hour before ADLs, help Mrs. Smith listen to her personalized playlist on her iPod.	CNA
			• When preparing for her shower, disconnect Mrs. Smith's headphones, plug her iPod into the speaker and take it to the shower room with her. Keep it out of the way of the water. Mrs. Smith remains calm while listening to her music during her shower.	CNA
			• Watch for and report behavioral and physical expressions of pain or discomfort to the charge nurse.	All staff
			• Document and routinely assess for pain using the PAINAD scale (best during movement). Administer Tylenol 325 mg, 2 tabs every 4-6 hours as needed, based on the pain assessment.	Licensed Nurse
			• Lower loud background noises such as the TV or radio while providing in-room ADL care.	CNA
			• With a slow, clear, and even tone, tell Mrs. Smith your step-by-step movement actions before moving her arms and legs. Do not move her limbs quickly or with jerky motions as that causes discomfort.	All Staff
			• Cursing can be Mrs. Smith's way of expressing "I'm not comfortable". De-escalate behaviors by talking to her about her time baking pies (identified as a favorite activity through assessment)	All Staff

Betty Garcia has mild cognitive impairment and diagnoses of dementia, episodic mood disorder, anxiety, and depression. She has several crying spells and repetitive vocalizations throughout the day that become more pronounced in the evening and at bedtime.

Date	Problem/Concern	Goal	Interventions	Discipline
1/3/24	Betty Garcia often becomes upset for unknown reasons and has crying spells daily with repetitive vocalizations She is not able to verbalize why she is upset and crying.	Betty will have no more than 3 crying spells per week for the next 4 weeks.	• Always call me by my preferred name of "Betty". • Allow Betty time to listen to her personalized playlist on her iPod, as this calms her, preventing or lessening her crying episodes. The amount of time will vary based on how Betty's day is going. • Stop by Betty's room for a drop in "hello" to see how she's doing or brief encounter in the halls. • Listen to what Betty is saying to gain insight into her emotional state and underlying mood. • Cue Betty by reminding her of each day's activities and let her know that she is a valuable member of the group. • Encourage Betty to take a nap in her quiet room after lunch. This is a life-long habit. • Identify when she is anxious to prevent her from becoming upset. Watch for triggers such as recent family phone calls, upcoming holidays and/or her birthday. • Sit with Betty when she is having a crying spell to offer reassurance. Sit close, but do not hold her hand or hug her – she is uncomfortable with those. • Provide positive feedback for all accomplishments. • When Betty gets upset offer comfort items identified as her favorite things: her photo album, her blue scarf, a glass of Diet Dr. Pepper, or the build-a-bear her granddaughter gave her. • If other interventions do not help her calm down, or at Betty's request, help her call her granddaughter Elsie.	All Staff All Staff All Staff All Staff Activity Director CNA All Staff All Staff All Staff All Staff All Staff