



ARKANSAS Accord

ARKANSAS ACCORD MEMBERS:

THE ARKANSAS ACCORD IS A PARTNERSHIP BETWEEN THE ARKANSAS HEALTH CARE ASSOCIATION, THE ARKANSAS HEALTH CARE FOUNDATION, THE ARKANSAS FOUNDATION FOR MEDICAL CARE, THE OFFICE OF LONG TERM CARE AND THE LONG-TERM CARE OMBUDSMAN, WORKING TOGETHER TO PROMOTE CULTURE CHANGE IN NURSING HOMES THROUGH PERSON-DIRECTED CARE (PDC).

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WHAT IS THE ARKANSAS ACCORD?

The long-term care environment has historically stressed the importance of quality clinical care. In 1987, the OBRA regulation was released with a new push towards ensuring not only quality of care but quality of life.

A national conference was held in June 2005 called the St. Louis Accord. Attendees included representatives from state survey agencies, Quality Improvement Organizations (QIOs), long-term care ombudsmen and trade associations. The main goal was to launch national discussion about how each state can improve elder care. Arkansas was well represented, and attendees have joined with others to create the Arkansas Accord.

The Arkansas Accord has aligned state goals with those of the St. Louis Accord, which are:

1. to “create opportunities for dialogue that will identify the possibilities and potential barriers within each state toward the ultimate goal of transforming nursing homes.
2. to “develop an action plan with special consideration to outlining the practical strategies they can implement.”
3. through this state action plan, to “identify the activities needed (and) the resources necessary and begin to outline a timeline that will facilitate activities that result in the adoption of person-directed care in each respective state.”

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WHAT IS “PERSON DIRECTED CARE”?

It is a national movement to promote ongoing transformation in the physical, organizational, and psycho-social-spiritual environments based on person centered values where care delivery systems are structured to restore control to elders and those who work closest with them.

REGULATORY SUPPORT

The Omnibus Budget Reconciliation Act of 1987 (OBRA) introduced a new regulatory direction towards person-directed care with a focus on resident’s rights, quality of life, resident assessment and quality of care. Karen Schoeneman, CMS senior policy analyst, presented the major themes of OBRA ’87 during the St. Louis Accord to include the change from “patient” to “resident” to convey respect.

Other highlights of OBRA: The survey process is “resident-centered and outcome-oriented”; “good assessment is at the heart of providing good care”; “facilities are expected to maintain/improve well-being to extent possible”; “Quality of Life and Rights are as important as Quality of Care”; and “physical restraints are dangerous.”

■ **F309 Quality of Care** “Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.”

■ **F240 Quality of Life** “A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident’s quality of life.”

■ **F242 Self Determination and Participation** “The resident has the right to 1. Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; 2. Interact with members of the community both inside and outside the facility; and 3. Make choices about aspects of his or her life in the facility that are significant to the resident.”

MDS CONSIDERATION

Personal preferences should be communicated with the MDS coordinator and interdisciplinary team to ensure accurate MDS coding in sections such as Customary Routines in Section AC. The MDS assessment information should be available at all times as a resource for staff in all planning and revisions.

**To learn more about Person Directed Care,
please contact any member of the Accord, go to www.afmc.org/arkansasaccord
or call AFMC at 1-877-375-5700.**

*“If we did not open
ourselves to growth
and learning, we would
still be rubbing two rocks
together to provide a
spark for our fire.”*

Kathie J. Gately,
SLTCO