Policy and Procedures for Transitions at Collington.

A report by the Subcommittee on Resident's Transitions of the Health Services Committee.

EXECUTIVE SUMMARY

Moving to a retirement care community is a major "transition" for most residents, the need for which has been, in large part, generated by increased longevity and sometimes by the fragmentation of the family. Once at Collington, many residents will need to move within our comprehensive structure from one level of care to another. Such transition decisions are one of the most important ways in which CCRC's impact the lives and happiness of residents. The practical issues associated with these in house 'transitions' are the subject of this document. The purpose of this document is to develop plans for transitions designed to maximize their value, and minimize their downside risks.

The attached document introduces a set of General Principles which provide a framework for transitions. It also outlines Policies and Procedures which are intended to facilitate transitions and provide a means for accountability. Also described are procedures to manage conflicts of interest, a procedure to let a resident initiate a transition, record-keeping procedures, and an appeals procedure. Over time, these Policies and Procedures should be refined and improved as needed.

The Transition Committee is the main agency regulating transitions. When a transition process is triggered, a staff member gathers information from a wide variety of medical and family sources about the resident's situation. Based on this information, there is a discussion among the members of the Transition Committee in which the resident along with 1 or 2 advocates are entitled to be present and to participate. A portion of this meeting may also take place without the presence of the resident. After this discussion, the group makes a recommendation to the resident; a minority report may also be included. If the resident rejects the recommendation, the matter is final unless the Committee finds that the resident lacks competency to make that decision. Under certain circumstances, the Director may override the resident's decision and an appeals procedure is described.

Overall, the goal is to enhance resident's quality of life and provide transitions at the optimal time for every resident.

Written by the Transition Subcommittee of the Health Services Committee at Collington

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1.0. Basic Principles Governing the Policies and Procedures Used to Determine a Collington Resident's Location and Level of Care.

1.1. The core principle is **resident self-determination**.
1.2. Decisions should be based on **maximum reasonable information**.
1.3. Decisions should be based on **maximum reasonable participation** of all of the directly interested parties, particularly those requested by the resident.
1.4. To avoid "dead-ending" residents, all transition decisions will be subject to **ongoing regular review** of the care plan, not less than once a quarter.
1.5. **Consensus decisions** in the resident's best interests should be reached whenever possible.
1.6. A process governed by these principles is required **before any change** in a resident's location or level of care.
1.7. Residential **facilities and services should be improved** when appropriate and necessary to maintain an unchanged resident care status.
1.8. Where there is a **claim of lack of competency** and the resident has not nominated a person to act on their behalf, the ultimate decision concerning competency relevant to the transition process will be made by the relevant legal processes as provided by state law.

2.0. Clarifications of the Principles.

2.1. These principles are fully consistent with and driven by both Collington's Mission Statement and Kendal values.
2.2. Decisions must be made in the best interests of the Resident, and not be influenced by Collington's institutional interests or those of any other individual or individuals.
2.3. To facilitate and potentially avoid the need for the process in 1.8, Collington's database for each resident should include copies of each resident's powers of attorney, contact information for relatives, friends or advocates entrusted by the resident to act as their agents, and other information that has been provided to Collington by the resident about his/her wishes in this situation. In the absence of such information, Collington should actively attempt to obtain it.
2.4. These principles apply to such major changes as being confined to bed, confined to a care unit, required to employ aides as a condition for living independently, refusal to allow the patient to return to a former residential status, and to all other significant rules or constraints that administration may wish to impose on the resident. These principles do not apply to routine changes in drug treatment or medical management.
2.5. The principles require that the Resident's decision is final unless the Resident is found not to be competent. However, this competency evaluation should not be based simply on a general cognitive competency determination such as is provided by a mental status exam. Instead the required competency must be with respect to the resident's ability to make the particular decision about his/her transition. This includes: (1) The capacity to make an informed decision as regards acceptable levels of risk to self; (2) The reasonableness of a Resident's choice in view of finances and resources; (3) The ability of the resident to be appropriately responsive to the welfare of others.

3.0. Policies and Procedures.

3.1. Emergency Transition Process.

3.1.1. In the event of an emergency situation, a transition decision will be made in the best interests of the resident by one or more of the following:
Director of Health Services
Social Services Director
Director of Nursing
Assisted Living Manager

3.1.2. The person organizing/responsible for the resident's move will report it both verbally (e.g., voice mail) and in writing (e.g., email) on the same day to the Chair of the Transition Committee and the Director of Health Services.

3.1.3. Such transitions will be discussed and either confirmed or changed at the next Transition Committee meeting. To confirm an emergency transition it will be necessary to complete all the steps in Section 3.3 that are required for an elective transition.

3.1.4. A report of the transition decision will be recorded in the Transition Committee's minutes and the resident's administrative and medical records.

3.2. Expedited Transition Process.

3.2.1. There are many situations which require expedited relocation of residents within Collington's campus, or to institutions or facilities outside the Collington campus. The Director of Health Services, or designee, is responsible and the decision must involve a nurse or a social worker or both. These personnel will facilitate the expedited transition.

3.2.2. During the process, Collington must consult the resident and a family representative, or proxy, or Power of Attorney (POA), or responsible party along with the resident's physician(s) when indicated.

3.2.3. As soon as is practical, the Chair of the Transition Committee will be informed of these circumstances which will be reviewed and either confirmed or changed at the next Transition Committee meeting. To confirm an expedited transition it will be necessary to complete all the steps in Section 3.3 that are required for an elective transition.

3.2.4. A report of the transition decision will be recorded in the Transition Committee's minutes and the resident's administrative and medical records.

2.5. In the event that the resident is to return to Collington under an expedited timetable, the same process will take place.

3.3. Elective Transition Process and the Transition Committee.

3.3.1. All permanent transitions between levels of care shall be approved by the Transition Committee. This includes retrospective approval of any transition that has been implemented as an emergency or expedited transition, if it is proposed to make that decision permanent. All such transitions should use the comprehensive procedures described below in Section 3.3. However, it is recognized that the Transition Committee's work includes periodic review and surveillance of other residents for which no transition is considered likely to be needed and/or imminent. The detailed procedures described below are not required for such reviews.

3.3.2. The Transition Committee will consist of:
Collington Executive Director, or designee.
Director of Dining Services
Director of Health Services.
Director of Nursing.
Facilities representative
Medical Director.
Social Services Director (who will act as Chair of the Transition Committee).
Social Services Independent Living.

3.3.3. Additionally, the committee can invite any other person whom it judges will be helpful during their considerations of a particular resident's case, and may consult staff who can advise on feasibility of a transition such as the Clinic Manager and Admissions Coordinator.

3.3.4. When there is need for a review of the appropriateness of a transition for an individual resident, a Transition Committee Case Reviewer will be appointed by the Chair of the Transition Committee in collaboration with the resident and the resident's advocates (as defined in paragraph 3.3.5.8.) or the resident's POA.

3.3.5. The Case Reviewer will define and investigate the issues as follows:
3.3.5.1. During consideration of an elective transition, the Case Reviewer must consult all reasonable sources of information and determine that each of the following conditions is met, after which s/he will present the results to the Transition Committee.
3.3.5.2. An evaluation of cognitive and mental functioning should be performed using an instrument appropriate for determining the resident's ability to live in the present and in the proposed level of care. (At present, the instrument that is used is MOCHA and its value as a predictor of required level of care will be further reviewed.)
3.3.5.3. If the resident is competent, approval by the resident is required as is approval by any family member(s) designated by the resident.
3.3.5.4. If the resident is incompetent, approval by the resident's selected advocates and the resident's POA is required.
3.3.5.5. Approval of the proposed plan by the personal or family physician(s), and by any medical specialists with direct knowledge of those aspects of the case that are causal factors for the transition consideration. This will include a statement that drug-induced cognitive problems and

possible new physiological conditions that might be causing the indications for transition have been considered (including both intracerebral and other medical conditions).

3.3.5.6. Approval by the Director of Health Services who can verify that the proposed transition is feasible in view of the resources that will be required.

3.3.5.7. Approval by the nursing and social work departments to confirm that the transition will be in the best interests of the resident.

3.3.5.8. In this context, the term "advocate" is defined as follows, and the resident may select a maximum of two such advocates to help him/her with the transition proceedings.

a. Family member identified by the resident.

b. Collington resident or or other personal acquaintance selected by the resident.

c. Collington resident identified by the Health Services Committee who has volunteered to act in this capacity and has been selected by the resident. The Health Services Committee should appoint a panel of several such nominees, all of which should be familiar with the transition process, willing to act as an advocate, and have health provider experience of not less than five years in situations in which confidentiality was required.

3.3.6. After the necessary preparation has been completed by the Case Reviewer, the Case Reviewer will present the case to the Transition Committee.

3.3.6.1. The resident may choose to be present at this meeting, and to participate in the discussion of the Case Reviewer's findings and recommendations. Additionally, the resident may choose to be accompanied by or be represented by his/her advocates and/or POA.

3.3.6.2. Paragraph 3.3.6.1 does not exclude the possibility that the remainder of the committee may choose to meet alone following this initial discussion and prior to the finalization of the recommendation and of any minority report.

3.3.6.3. Whenever the resident is interviewed (before, during or after the Transition Committee meeting) s/he must be encouraged to be accompanied by his/her advocates (paragraph 3.3.5.8) to assist the interviewer to understand the wishes of the resident, to interpret statements made to the resident and to help the resident 'think through' the consequences of various alternatives that may be discussed.

3.3.6.4. Transition Committees must always meet all the conditions in 3.3.5 and strive to achieve consensus within the committee concerning the correctness of the action which has been selected and its value to the individual resident. Failing consensus, a minority report describing the grounds for disagreement(s) with the decision must be included in the minutes of the meeting and the resident's records.

3.3.6.5. By this time, if not before, the resident and his/her advocates and POA (if any) should be advised of all the resident's rights/alternatives including refusal, appeal, and the actions available to the Executive Director.

3.3.6.6. After the committee has reached its conclusion and plan, the Chair of the Transition Committee shall present that plan, along with any minority opinion, to the resident, POA (if any) and advocates (as defined in paragraph 3.3.5.8); the resident (or POA) shall then be given a week to either accept or reject the plan. During this interval, the Chair should be in occasional contact with the resident to answer any questions and provide clarifications.

3.3.6.7. In the event of rejection, the Chair of the Transition Committee should attempt to find an alternate plan that all parties could find acceptable. Failing to achieve this outcome, either

a) the case should be returned to the Case Reviewer for reevaluation and renegotiation, or
b) the resident's non-acceptance shall be treated as determinative, subject only to the procedure described in 3.3.6.8, or
c) the committee may move to make a finding of lack of competency, with the committee's determination on that issue being subject to appeal in Section 8.

3.3.6.8. Upon the resident's failure to accept the recommendation of the Transition Committee, the Executive Director may elect, pursuant to his or her responsibility to protect the safety of one or more other Collington residents, to propose such steps as he or she determines are necessary to fulfill this obligation. The Executive Director shall indicate in writing whether:

a. s/he has elected to protect other residents from a risk (that should be specified) by overriding the wishes of the present resident,
b. s/he has declined to make such an election, or
c. s/he has decided to defer any election until additional experience or information is available, or
d. s/he has decided to defer the decision until an external review has concluded using the three wise persons method described in Section 8.3.

Any decision (a..d) by the Executive Director shall not be final, but shall be subject to appeal by the resident as described in Section 8. Upon a failure by the resident to appeal within 7 days of receipt of the Executive Director's written decision, the Executive Director's decision becomes final.

3.3.7. Once a decision has been reached, all recommended and approved actions, along with the reasons for those actions, must be documented in the minutes of the Transition Committee with copies placed in the resident's administrative and medical records.

4.0. Periodic Reviews of Transition Decisions.

4.1. The Transition Committee will review all residents in higher levels of care at least as frequently as required by federal or state regulations unless a changing situation requires more frequent review.

4.2. An individual from the Social Services group will be assigned to carry out these reviews and report to the Care Plan Team. It is strongly recommended that the healthcare professional conducting such "transition reviews" should not be an individual involved in the original transition process for this resident. The recommendations of the Care Plan Team will be presented monthly to the Transition Committee which can either endorse or modify the recommendations.

4.3. At times the reviews and reassessments of patients may require physicians in various specialties to assess the resident in person, view the unit in which s/he is living to determine its appropriateness, and then to opine on the relative benefits and problems which might arise should the patient be moved to another level of care.

4.4. From time to time an individual's status may improve sufficiently for him/her to return to independent living, and if such a possibility seems feasible, then a process analogous to that for entry to higher levels of clinical care will be undertaken with the assignment of a Case Reviewer, and all other steps used in the case of an original elective transition.

4.5. Associated with this process of transition review and re-review is the possibility that the resident may be required to relinquish his/her independent living residence. No resident's right to return to his or her independent living shall be removed in less than three months after a transition to a higher level of care has occurred.

4.6. If the resident elects to keep his/her independent living residence after three months, s/he should be financially able to pay the 2nd rental charge which can be assessed for as long as the resident keeps his/her independent living residence and remains in an advanced level of care.

4.7. Recent contracts with Collington include the possibility that after a resident has relinquished his/her independent (IL) residence, if the resident's condition improves sufficiently to make such a move appropriate, s/he will be provided with a replacement independent living residence as soon as one is available. Because this action is congruent with Kendal's and Collington's philosophy and goals, we recommend that Collington provide this option to all residents, even if it was not included in their original contracts, when the Executive Director determines this action to be financially feasible.

4.8. If any resident has a concern about the level of care to which another resident is assigned, that concern should be reported to the Chair of the Health Services Committee and to the Chair of the Transition Committee in writing. However, if the concern is with the quality of care received, that complaint should be directed to the office assigned to receive complaints about the type of care at issue.

5.0. Conflicts of Interest.

5.1. During a transition process, the overriding interest must be that of the resident.
5.2. From time to time there may be personal or institutional interests that need to be reported to the Transition Committee by the individual or individuals who are affected. Where such interests represent a conflict for the individual, it is required that the person recuse themselves from further involvement with the transition process for the relevant resident.
5.3. On occasions when a resident believes that Collington's institutional interests or some personal interest of individual Collington employees rises to the level of a conflict of interest that may influence the transition decision, this opinion will be reported to the Transition Committee by the Case Reviewer and noted in the transition deliberations. When a decision is appealable under Section 8, such a claim may provide the basis for, or support for, a later appeal.

6.0. Resident-Initiated Request for Reassessment.

6.1. Each resident can initiate a request for reassessment of his/her level of care whenever s/he desires, although no more often than twice per calendar year.
6.2. Such a request must be made in writing to the Chair of the Transition Committee.
6.3. The request may be for a move to either a higher or lower level of care.
6.4. When such a request has been made, the Transition Committee must proceed in a fashion analogous to that followed when consideration of an elective transition is initiated by Collington.
6.5. This option is intended to enable residents to initiate a transition when they think their status has changed to a degree such that a change in level of care is appropriate for them.
6.6. It is not intended to act as an appeals procedure.

7.0. Records of Transition Committee's Decisions.

7.1. A record of the details of each transition decision, including the medical factors considered and any serious disagreements about the decision, shall be included in the Transition Committee's minutes. Those aspects of the minutes referring to the individual resident shall also be entered into the patient's (paper and electronic) administrative and medical records. All these reports of deliberations and actions by the Transition Committee should be stored in a place where they are easily available when needed.

7.2. Such permanent records should be produced whenever a resident undergoes any of the following events:

7.2.1. Requires hospitalization through the clinic or through any other mechanism.

7.2.2. Returns from the hospital to either their independent living residence or for further post-hospital recovery in the Creighton Center.

7.2.3. Is considered for possible transition on a more permanent basis by the Transition Committee.

7.2.4. Receives a review or reconsideration review, as described previously.

7.3. In the event that significant events happen outside Collington concerning a resident's healthcare status, the resident is required to inform the clinic of these events and the clinical summaries from the external healthcare providers should be added to the resident's medical records at Collington thus becoming part of the resident's healthcare record.

7.4. A resident's medical records, including all records documenting previous or ongoing transition decisions, will be available to the resident on request.

8.0. Appeals Procedures.

8.1. Purpose of Appeals Procedure.

8.1.1 The purpose of this procedure is to provide a mechanism to seek additional collaborative solutions to conflict issues created by differences of opinions between a resident and Collington's administration in regard to recommendations of the Transition Committee. It will function in a non-confrontational manner in which the parties engage the views of three "wise people" external to the Collington community. The intention of this process is to avoid adversarial, potentially costly, legal interactions.

8.1.2. The conclusions of the Appeals Group will be non-binding and consequently the appeal procedure will not remove any rights in law.

8.2. Usage of Appeals Procedure.

8.2.1. Using the process described in 8.3, a resident may appeal either of the following decisions:

a) A determination by the Transition Committee that the resident lacks competency to make the decision as to his or her location or level of care.

b) A determination by the Executive Director who has elected to override a resident's refusal to accept the Committee's recommendation.

8.2.2. If requested, the Chair of the Health Services Committee, or designee, will assist the resident in obtaining the records and identifying the 'wise persons' required by the appeal method, and in preparing the resident's case for the appeal.

8.2.3. The resident's appeal will be considered to have started when the resident notifies the Chair of the Transition Committee in writing that s/he intends to appeal.

8.2.4. This method can be used by any resident at Collington irrespective of the level of care at which s/he is living.

8.3. Method of Appeals Procedure: The 'Three Wise Persons' approach.

8.3.1. Assuming that there are two principal parties involved in the disagreement (namely Collington and the resident) each party will identify a "wise person" and then together these two identified people will invite a mutually acceptable third party to join the review. These three individuals will comprise the Appeals Group.

8.3.2. All the information which was provided to the Transition Committee and the opinions and wishes of the resident will be presented to this trio who may seek additional information.

8.3.3. The Appeals Group should reach their consensus conclusions within 60 days after the decision to use this process.

8.3.4. The conclusions of the Appeals Group, along with a summary of the evidence which they considered, will be sent to the resident, to the Chair of the Transition Committee, to Collington's Executive Director, and to the Chairman of the Collington Board of Directors.

8.3.5. The Chair of the Transition Committee will provide the conclusions of the Appeals Group, both in writing and verbally, to the resident, and to his/her advocates, if the resident so chooses. These

conclusions will be added to the Transition Committee's minutes and to the resident's medical and administrative records.

8.3.6. The Executive Director will call a meeting with the resident and the Chair of the Transition Committee to determine the next steps to be taken.

8.3.7. The Executive Director's decision, after considering the outcome of the appeals process, brings to a close Collington's internal review processes for conflict resolution in regard to Transition Committee decisions.

8.3.8. The conclusions of the Appeals Procedure and those of the Executive Director will be added to the Transition Committee's minutes and to the resident's medical and administrative records.

8.4. An Additional Appeal Procedure Available to Creighton Center Residents under Maryland Law.

8.4.1. If a resident who is living in the Creighton Center wishes to make an appeal, the resident can request the Ombudsman of the Prince Georges County Aging Services Division to review and comment on their case.

8.4.2. If the Ombudsman accepts the case, s/he will interview the resident and perhaps Collington Administration.

8.4.3. If the resident approves and the Ombudsman desires the information, the Chair of the Transition committee shall make available to the Ombudsman the information that provided a basis for the Transition Committee's recommendation regarding level of care.

8.4.4. Additionally the Chair should offer to receive findings and recommendations from the Ombudsman to supplement the information already available to the Transition Committee.

8.4.5. In some cases, the additional information provided by the Ombudsman may provide a basis for an agreement between the parties on a course of action that is acceptable to all.

APPENDICES

APPENDIX 1. Outline Summary of the Steps in a Transition Process.

The following is intended to serve as a brief guide to the major steps in the elective transition process. If this outline appears to conflict with the main body of the document, then the main body takes precedence.

A) An elective transition evaluation can begin in each of the ways listed here:
1. To confirm or change an emergency transition (Section 2).
2. To confirm or change an expedited transition (Section 3).
3. In response to a resident's request for reassessment of his/her level of care (Section 6).
4. In response to a request by Collington administration.

In each case, the process leads to Paragraph B (below).

B) To begin an elective transition review, a Case Reviewer must be appointed who will then collect all relevant information as specified in Section 3.3.5.

C) The Case Reviewer will next present the information to an assembly that includes members of the Transition Committee, the resident being considered, his/her advocates (as defined in 3.3.5.8), and a POA, if one exists.

D) If it desires, the Transition Committee may meet for some time separate from the resident and POA/advocates before reaching its recommendation.

E) Soon after this meeting, the Chair of the Transition Committee will present the recommendation of the Transition Committee to the resident , his/her advocates and any POA (Sects. 3.3.6.3, 3.3.6.4, 3.3.6.5, 3.3.6.6).

F) The resident can consider the Transition Committe's proposal for seven days. During this interval, the Chair of the Transition Committee should be available to answer any questions and provide clarifications as needed (Sect 3.3.6.6).

G) If the resident does not respond by the end of 7 days, or if the resident accepts the recommendation of the Transition Committee, then the Transition Committee's recommendation will be implemented (3.3.6.6).

H) If the resident refuses to accept the Transition Committee's recommendation within 7 days, the Transition Committee may react as described in paragraph J, K or L below.

J) The case may be returned to the Case Reviewer with the request that he again review all relevant facts, perform additional fact finding if appropriate, and attempt to find an outcome that is acceptable to all parties as described in 3.3.6.7a.

K) The Transition Committee may decide to accept the resident's refusal without further negotiation. In this case, the action recommended by the Transition Committee will not take place, but the Executive Director may choose to take action as described in 3.3.6.8 and paragraph M below.

L) The Transition Committee may recommend that the resident is not competent to make this decision, in which case the resident may accept the Transition Committee's recommendation or take any or all of the following steps.

a) Appeal the decision via the procedure in 8.2 and 8.3.
b) Enlist the assistance of the Prince George's county ombudsman as described in 8.4.
c) Request a hearing using the procedures referred to in 1.8.

M) If the resident has refused the action recommended by the Transition Committee, then the Executive Director may choose to take action as described in Sect 3.3.6.8.

APPENDIX 2. Background Information about Conflicts of Interest.

In the not very distant past, the Collington Resident's Manual stated that after a transition to nursing care, "the duration of your stay in nursing care will be determined by your physician." That arrangement might not always have produced outcomes that were convenient to Collington, but presumably it usually produced transitions that were congruent with what a resident needed.

In recent years the wording has changed so that now transitions are regulated by a Transition Committee composed of a not-very-precisely-defined list of Collington employees. Clearly this can aid in coordinating what a resident is told to do with what Collington has to offer at the time. However, this change also increases the risk that conflicts of interest along with incomplete medical information will produce results that are not optimal for the resident.

Presumably various kinds of efficiencies were expected to result from the decision to empower the Transition Committee in place of the resident's physician to regulate transitions at Collington. Unfortunately, however, once the primacy of the resident's physician as the controller of the transition process was abandoned, the likelihood of non-optimal decisions caused by institutional interests and by conflicts of interest was increased.

The procedures in this document attempt to minimize the number of errors that result from the intrusion of interests other than those of the resident, and to minimize the adverse effects of such errors when they do occur. Many of the procedures stipulated in this document are included precisely to provide such safeguards. These include the frequency of routine reappraisals, the requirement for consensus about all major decisions, and our attempts to maximize the amount of information available to the Transition Committee. Although some of these procedures may appear awkward, they appear necessary to adequately protect the interests of our residents.