Tools for Critical thinking - Minor home modifications & Adaptive Aids

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Disclosure

We have no actual or potential conflict of interest in relation to any product or service mentioned in this program or presentation.

Learning Objectives

1. Understand how to develop Critical thinking skills
2. Understand how to use the Whole person approach
3. Understand what is meant by Cost effective?
4. Review MHM, AA, and State's regulations
5. Case reviews

Critical Thinking – how critical is it?

What is critical thinking?

- **Definition 1:** the *objective* analysis and evaluation of an issue in order to form a judgment.
- **Definition 2**: Critical thinking is that mode of thinking - about any subject, content, or problem - in which the thinker improves the quality of his or her thinking by *skillfully taking charge* of the structures inherent in thinking and *imposing intellectual standards* upon them.
- **The problem:** - Everyone thinks; it is our nature to think critically. But much of our thinking, left to itself, is *biased, distorted, partial, uninformed or down-right prejudiced*. Yet the quality of our life and that of what we produce, make, or build depends precisely on the quality of our thought. Shoddy thinking is costly, both in money and in quality of life. Excellence in thought, however, must be systematically cultivated.
- **The Result - A well cultivated critical thinker:**

✓raises vital questions and problems, formulating them clearly and precisely;

✓gathers and assesses relevant information, using abstract ideas to interpret it effectively comes to well-reasoned conclusions and solutions, testing them against relevant criteria and standards;

✓thinks open-mindedly within alternative systems of thought, recognizing and assessing, as need be, their assumptions, implications, and practical consequences; and

✓communicates effectively with others in figuring out solutions to complex problems.

✓*Critical thinking is, in short, self-directed, self-disciplined, self-monitored, and self-corrective thinking. It presupposes assent to rigorous standards of excellence and mindful command of their use. It entails effective communication and problem solving abilities and a commitment to overcome our native egocentrism and sociocentrism.*

(Taken from Richard Paul and Linda Elder, The Miniature Guide to Critical Thinking Concepts and Tools, Foundation for Critical Thinking Press, 2008)

Acquiring critical thinking skills – do's & don'ts

1. **Case –based approach**
2. **Practice Self-reflection**
3. **Develop a questioning mind**
4. **Practice Self-awareness in the moment**
5. **Use a process: ask questions, gather info, strategize, Evaluate, Consider other viewpoint**

Necessary skill sets:

- 1. Learn from their mistakes and the mistakes of other nurses
- 2. Look forward to integrating changes that improve patient care
- 3. Treat each patient interaction as a part of a whole
- 4. Evaluate new events based on past knowledge and adjust decision-making as needed
- 5. Solve problems with their colleagues
- 6. Are self-confident
- 7. Acknowledge biases and seek to ensure these do not impact patient care

Common Nursing Pitfalls:

- 1. personal biases – leads to making false assumptions
- 2. a task-oriented mindset
- 3. Fear or pride - may prevent you from pursuing a line of questioning outside your comfort zone

The Value of Critical Thinking in Nursing – Gayle Morris, BSN, MSN; Jenna Liphart Rhoads, Ph.D., RN; Nicholas McGowen, BSN, RN, CCRN

Critical Thinking: Identifying the Targets

•Questions to ask yourself:-

- ❖Is this a good idea or a bad idea?
- ❖Is this idea/thought defensible or indefensible?
- ❖Is my position on this issue reasonable and rational or not?
- ❖Am I willing to deal with complexity or do I retreat into simple stereotypes to avoid it?
- ❖If I can't tell if my idea or thought is reasonable or defensible, how can I have confidence in my thinking, or in myself?
- ❖Is it appropriate and wise to assume that my ideas and thoughts are accurate, clear, and reasonable, when I haven't really tested them?
- ❖Do I think deeply or only on the surface of things?
- ❖Do I ever enter sympathetically into points of view that are very different from my own, or do I just assume that I am right?
- ❖Do I know how to question my own ideas and to test them?
- ❖Do I know what I am aiming for? Should I?

Critical Thinking in healthcare - Errors exist at unacceptable rates. Poor judgments can lead to irreparable damage and even cost lives. Positive patient outcomes are improved when healthcare professionals bring strong critical thinking skills to their work. (Insight Assessment)

1. to accurately diagnose emergent conditions;
2. to determine and evaluate therapeutic actions;
3. to analyze and manage health risks;
4. to hire and promote healthcare leaders;
5. to design innovative clinical systems;
6. to achieve goals of agency initiatives;
7. to allocate resources;
8. to anticipate and prevent errors;

1. to use and manage information systems;
2. to understand treatment implications;
3. to develop data driving protocols;
4. to anticipate the implications of actions taken;
5. to analyze and resolve personnel issues;
6. to explain policy & protocols; and
7. to design and evaluate departmental reports

"In healthcare, thinking critically is central to successful outcomes"

Suggested reading: The power of curiosity and critical thinking in healthcare (Digital Doorway) - Keith Carlson RN,BSN,NC-BC

What is a Whole person approach?

“Whole person Health”- definition

- ‘Whole person health’ involves looking at the whole person — not just separate organs or body systems—and considering multiple factors that promote either health or disease ie the multiple of interconnected biological, behavioral, social, and environmental areas. Instead of treating a specific disease, whole person health focuses on restoring health, promoting resilience, and preventing diseases across a lifespan.

(National Institute of Health: National Center for Complementary & Integrative health)

Things to consider in a Whole person approach:

- Other Paid/non-Paid Assisting services:

- 1. Personal Assistance Services
- 2. Protective Supervision
- 3. Private Duty nursing
- 4. family or caretaker assistance

-Is the ailment permanent or temporary (eg. recent surgery etc)

- Member's mental capacity and functional status

Other considerations

- Property ownership
- Vehicle mileage/inspection form

What is Cost effective?

Cost effective – to provide the same *outcome* or quality of service at less cost

- Is there a less costly way (DME or other) to meet the member's needs?
- Are there other alternatives

The Regulations & Guidelines – for Star Plus

MINOR HOME MODIFICATIONS- Start Plus

8600 MINOR HOME MODIFICATION

Revision 21-2; Effective March 10, 2021

- Minor home modifications (MHMs) are those physical adaptations to a member's home, required by the service plan, that are necessary to ensure the member's health, welfare and safety, or that enable the member to function with greater independence in the home…. that are necessary to accommodate the medical equipment and supplies necessary for the member's welfare.
- **Excluded** are those adaptations or improvements to the home that are:

  - of general utility,

  - are not of direct medical or remedial benefit to the member, such as carpeting, roof repair, central air conditioning, etc.

  - Adaptations that add to the total square footage of the home are excluded from this benefit.

In order to ensure cost-effectiveness in the purchase of minor home modifications (MHMs), the managed care organization (MCO) must:

- determine and document the needs and preferences of the member for the MHM; and

- document the necessity for the MHM.

ADAPTIVE AIDS – Star Plus

6400 Adaptive Aids and Medical Supplies

Revision 19-1; Effective June 3, 2019

- Adaptive aids and medical supplies ….. enable members to increase their abilities to perform activities of daily living (ADLs), or to perceive, control or communicate with the environment in which they live.

- …with the goal of providing individuals a safe alternative to nursing facility (NF) placement.

- This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items…

- Adaptive aids and medical supplies are limited to the most cost-effective items that:

  - meet the member's needs
  - directly aid the member to avoid premature NF placement; and
  - provide NF residents an opportunity to return to the community.

OTHER POINTS - Previously denied AA-DME items

Previously denied by Medicare at PA

- 1. Hospital beds
- 2. Hospital mattresses
- 3. Wheelchair parts
  - send to Andrea Fenn/Justin Heard
- 4. other items?

The Regulations & Guidelines – for Star Kids

MINOR HOME MODIFICATIONS – Star Kids

Minor home Modifications – Revisions 19-1;
Effective June 3, 2019

- The minor home modification lifetime limit is $7,500.
- The service coordinator may authorize up to $300 per the individual service plan (ISP) period for maintenance or repairs of minor home modifications previously approved and reimbursed with waiver funds.
- The service coordinator does not include $300 maintenance and repair limit as part of the $7,500 lifetime limit.
- The amount paid for a modification or for the repair of a minor home modification must be documented on Form 2416, Minor Home Modifications and Adaptive Aids Service Authorization, and retained in the member's case file.
- A minor home modification must not create a new structure or add square footage to the home.

Minor home Modifications – Revisions 19-1; Effective June 3, 2019

Minor home modifications must:

- adhere to Americans with Disabilities Act (ADA) requirements;
- meet Texas Accessibility Standards;
- meet all applicable state and/or local building codes; and
- have a minimum one-year warranty.

Minor home modifications are limited to:

- purchase and installation of permanent and portable ramps not covered by other sources;
- widening of doorways;
- modification of bathroom facilities; and
- modifications related to the approved installation or modification of ramps, doorways or bathroom facilities.

ADAPTIVE AIDS – Star Kids

4810 Adaptive Aids – Star Kids

Revision 19-1; Effective June 3, 2019

Adaptive aids are devices necessary to treat, rehabilitate, prevent or compensate for conditions resulting in disability or loss of function and enable members to:

- perform activities of daily living (ADLs); or
- control the environment in which they live.

After any applicable state plan benefits (e.g., durable medical equipment) are exhausted, adaptive aids covered in the Medically Dependent Children Program (MDCP) include:

- van lifts; ; vehicle modifications;
- jump seats;; tumble form chairs;
- feeder seats;; medically appropriate strollers;
- barrier-free lifts;; stair lifts;
- environmental control units;; alarm systems;
- support rails;; electrical work related to use of authorized adaptive aids;
- installation of authorized adaptive aids; and; repairs to adaptive aids.

4810 Adaptive Aids – Star Kids

Revision 19-1; Effective June 3, 2019

A member must exhaust any applicable Medicare, Medicaid or other third-party resources for durable medical equipment and adaptive aids before adaptive aids available under the Medically Dependent Children Program (MDCP) are authorized. A member may take an adaptive aid to an out-of-home respite facility for use while residing there.

The managed care organization (MCO) may authorize bids for adaptive aids, such as vehicle modifications, as applicable. The cost of these bids does not count against the member's annual limit for adaptive aids.

If the cost of a requested adaptive aid exceeds the service limit, the MCO may approve the request only if the member agrees to pay any costs that are in excess of the service limit. The MCO must document the member's agreement to pay these costs in the member's case file. Documentation must include, at a minimum, a description of the adaptive aid, rationale for exceeding the service limit, the cost incurred to the MCO, the cost incurred to the member, the member's signature, the date of the member's agreement, and signature of the provider. Documentation must be on file prior to the MCO authorizing an adaptive aid that exceeds the service limit.

CASES

How to use critical thinking to work through a case? – whole person , member centric

- 1. Will it make the member more independent? Eg: ADA toilet for a MA mbr who can not transfer to a toilet, needs Assistance to use the toilet.
- 2. Is it for the convenience of the caretaker or family?
- 3. Remember there is a difference between: would be nice to have and medically necessary
- 4. How will it benefit the member?
- 5. Does the member already depend on assistance for all their activities? (PAS, PDN etc)
- 6. Will this MHM or AA reduce the need for that assistance?
- 7. Is it safe? – eg. If a member is a Max A quad and 100% dependent on attendants for all activities, is it safe to try to get this person in and out of a shower w tight bathroom & multiple corners and turns from the bedroom to bathroom?

EXAMPLE #1 – door widening

- **The request:** Widen front door from 36 inches to 42 inches. Widen bedroom door from 36 inches to 40 inches
- History: overweight, height is 5’ 5” , LBP has a Standard Power wheelchair
- PAS: get 32 hours per week of Personal Assistance Services

*********DISCUSSION *********

POINTS TO CONSIDER:

1. a heavy-Duty Power Wheelchair is 32 inches wide
2. standard Power Wheelchair is 25 inches wide
3. The Americans with Disabilities Act (ADA) require that the minimum door width for wheelchair access be 32 inches

CONCLUSION: **member’s doors are 36 inches wide. They are wide enough** – Not MN

EXAMPLE #2 – ADA toilet

- **The request:** new toilet for disabled people (ADA toilet).
- History: overweight, height is 5’ 5” , LBP has a Standard Power wheelchair
- PAS: get 32 hours per week of Personal Assistance Services

*********DISCUSSION *********

POINTS TO CONSIDER:

1. The member is obese and ‘5’5” tall (‘short’)
2. Standard toilet height is 15 – 16 1/8 inches from the floor to seat top. ADA toilet height is 17 – 19 inches from floor to seat top.
3. The member has help on/off toilet, they will not be using the toilet unassisted

CONCLUSION:

will not help the member be more independent and the member is too short – Not safe

For the handicapped person who is much shorter or has short legs, the comfort height or ADA height toilet will not work well. As the toilet seat will be too high when the shorter person needs to be transferred to a wheelchair. The standard height toilet works better for the shorter person, even when they are being transferred to their wheelchair. Standard toilet height is most suitable toilet height for shorter and average height people. It’s also a great option to avoid constipation.

EXAMPLE #3 – Bath Lift

- **The request:** Bath lift bc she does not feel safe using the transfer bench & would like to take oatmeal baths for skin rash
- History: early dementia, osteoarthritis, uses heavy-duty quad cane and a walker
- PAS: gets 42.5 hours per week of Personal Assistance Services , they help her bathe

*********DISCUSSION *********

POINTS TO CONSIDER:

1. Requires Mod A/Max A to bathe & transfers
2. Is oatmeal bathe necessary for skin rash? Is there another way to meet this request (its not a need) for oatmeal bath for rash

CONCLUSION:

will not make her more independent, she has help to transfer and take a bath– Not MN

EXAMPLE #4 – replace Bedroom flooring

- **The request:** replace the flooring in the bedroom, remove the carpet.
- History: CVA w hemiplegia, DM and polyneuropathy, CAD, Wheelchair bound, Max A for transfers
- PAS/PS: gets 27 hours per week of PAS & 26.5 per5d/wk Protective Supervision

*********DISCUSSION *********

POINTS TO CONSIDER:

1. Mbr does not walk & is not at risk for falling
2. Carpets are not very worn
3. Mbr is Wheelchair bound needing Max A for transfers
4. Mbr has assistance

CONCLUSION:

flooring is not a safety hazard, the mbr has help to move in the wheelchair – Not MN

EXAMPLE #5 – ceiling track system

- **The request:** ceiling track system
- History: 14-year-old with CP. The member has substantial weakness, flaccidity and gait impairments
- Home: The member lives in a two-story home. The member's bathroom and bedroom are both downstairs. There is an upstairs recreation room

*********DISCUSSION *********

POINTS TO CONSIDER:

1.

CONCLUSION:

EXAMPLE #6 – replace the current wooden front door

- **The request:** replace the current wooden front door with a metal screen door and entry door combination.
- History: 5-year-old with CP

*********DISCUSSION *********

POINTS TO CONSIDER:

1.

CONCLUSION:

Suggested reading – Critical thinking

- 1. The foundation for Critical thinking, Nursing and Healthcare – www.criticalthinking.org
- 2. Insight Assessment – www.insightassessment.com

THANK YOU !!