PEAK 2.0: A Guide to Action Planning
Guide to Action Planning

What you will need:

• Copy of the **action plan template**
  – This can be found on page 77 of your PEAK 2.0 Foundation Domain Workbook or the PEAK 2.0 website: [www.he.k-state.edu/aging/outreach/peak20/](http://www.he.k-state.edu/aging/outreach/peak20/)

• Copy of the current **KDADS PEAK 2.0 program criteria**
  – Also found on the PEAK 2.0 website

• **A current calendar** for reference when determining target dates

*It is recommended that a team process by used to develop your Action Plan.*
**Action Planning: Step 1**

Begin by completing the top portion of the action plan template

<table>
<thead>
<tr>
<th>FACILITY NAME: The Marigold Home</th>
<th>PROVIDER NUMBER: 00000</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOMAIN: #1 Resident Choice</td>
<td>ACTION PLAN CONTACT: John Smith</td>
</tr>
<tr>
<td>CORE: #3 Bathing</td>
<td>PHONE NUMBER AND/OR E-MAIL: 555-1234</td>
</tr>
</tbody>
</table>

**Facility Name:** The name of your home
**Domain:** The Domain you are addressing
**Core:** The Core you are addressing
**Provider Number:** This is your Medicaid billing number
**Action Plan Contact:** Here you want to name one contact person for the PEAK program team. Any future feedback or communication about your plan will be sent to this person and they will be responsible to share it with your team.

**Phone Number/Email:** The best phone number and/or email address to communicate with the contact person you named

Be sure to notify the KSU Center on Aging team of any changes in contact information
Note: The following steps 2-7 should be completed for each Core area of the KDADS criteria you choose address.

The action plan will:

– Serve as a road map
– Lead your team through changes that will be necessary to meet the program criteria
Action Planning: Step 2

Complete the narrative box of the action plan

• You may already be doing some of the things required in the KDADS criteria
  – Explain your current practices in the narrative box

Example

Consider: Domain #1 Resident Choice, Core #3 Bathing

A required outcome for Supporting practice #1 reads:
“Information about resident bathing preferences is gathered on an ongoing basis.”
Example

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**WHAT HAS BEEN WORKED ON IN THIS CORE AREA SINCE STARTING THE PEAK 2.0 PROCESS?**

Prior to moving in, the social service team talks with the resident and family about bathing preferences. This information is recorded on the resident preference interview form and placed in the caregivers’ care log. It is used to create a person-centered care plan.
Action Planning: Step 3

Write a goal:

• What is the overall goal you want to achieve?
• Broad, general terms
• HINT: KDADS wrote it for you
  – The first statement on each core is the KDADS goal for that core
  – We recommend that you use that goal
**Example**

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**GOAL/SUPPORTING PRACTICE:**

Bathing practices support individual choice.
Action Planning: Step 4

Write Objectives:

• Meet with your team
• Review KDADS criteria
• Do you meet the criteria for EACH outcome?
  – Identify what areas of the criteria you do not currently meet
  – Write one or more objectives stating SPECIFICALLY what you plan to do or change in your home to meet all of the Supporting practices for this Core
• Each home will come up with a different way to meet the criteria
  – What works in one home may not work in another
Think about this...

Imagine you are traveling and the weatherman is predicting rain for Monday night. If your GOAL is “To stay dry on Monday night” you could do this in different ways. One person may have the objective “I will pitch a tent at the Happy Hollow campground on Monday night” while another person may have the objective “I will make a reservation at the Ritz-Carlton on Monday night.” Both of these objectives could potentially meet your goal to “Stay dry on Monday night”. Depending on other factors such as your budget, travel schedule and personal preferences the tent may be a better choice for you, but others will prefer the hotel.
Using the Core #3 Bathing example:

While reviewing the KDADS criteria you realize you already offer choice of when and where people bathe in your home. You know that you do not however offer “Multiple bathing options” and this is required in the criteria. One of the objectives on your action plan should explain what you will do to offer multiple bathing options.
Objectives

**Specific** – Spell out exactly what you will do to change or implement to meet the criteria

**Measurable** – How will you know that you have met your objective? What is to be done by when?

**Attainable** – Can it be done in your home?

**Reasonable** – Is it possible?

**Time** – When will it be done?
Example

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**What has been worked on in this core area since starting the PEAK 2.0 process?**
Prior to moving in the social service team talks with the resident and family about bathing preferences. This information is recorded on the resident preference interview form and placed in the caregivers’ care log. It is used to create a person-centered care plan.

**Goal/Supporting Practice:**
Bathing practices support individual choice.

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<th>RESPONSIBLE PERSON(S)</th>
<th>TARGET COMPLETION DATE</th>
<th>COMPLETE</th>
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<tbody>
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<td>Offer residents alternative bathing methods such as bed/sink and towel baths as well as dry shampoo options by Jan. 1, 2015</td>
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Action Planning: Step 5

Develop action steps

• Make a list of everything that will need to be done to achieve your objective
• Break the actions down into small steps
• Be careful not to spend time solving issues that have been identified at this time
  – Just get them on your list to address at a later time
  – Right now you are just planning, the actual work will come later
If you have decided to “pitch a tent on Monday night” what will you need to do? Maybe:

- Decide where to camp
- Reserve a camping site
- Buy a tent
- Get directions to the campground
- Pack sleeping bags/pillows
- Pack a lantern

By breaking down the steps, one person on the team could be calling the campground to reserve a camp site while another team member goes to buy the tent. Clear, concise steps will help guide your team through the process.
Benefits of a clear, concise action plan

- Everyone knows what is expected of them
- Enables involvement from others
- Team members can be working on different steps at the same time

One person is making reservations at the campground. Another is shopping for a tent to purchase.
**Example**

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2. Order Bathing *without a Battle* video.  
3. Schedule a time for team to watch the video.  
4. Make a list of supplies needed to implement alternatives.  
5. Order necessary supplies.  
6. Decide where to store supplies.  
7. Organize 3 training sessions for all nursing staff.  
8. Create a sign-up sheet to track attendance.  
9. Discuss available options with each resident. |
Action Planning: Step 6

Assigning responsible persons

- Assign a responsible person for EACH action step
- Assign a SPECIFIC person, not a team
  - Assigning a team carries a risk that each person will assume someone else on the team is completing the action step
- Ask for volunteers
  - Team members will have different skill sets or special interest in certain area of the plan
  - Utilize the skills of each team member
- Share the workload
  - Strive for involvement from all team members
- Consider the impact the order of the plan will have on individual workloads
  - Make sure the work load is reasonable at any given time for each team member
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7. Organize 3 training sessions for all nursing staff.  
8. Create a sign-up sheet to track attendance.  
9. Discuss available options with each resident. | Sandi/Shelly  
Rhonda  
Jayne  
Debbie/Nursing Team  
LuAnn  
Brian/Maintenance Team  
Kevin  
Jayne  
Molly | | |
Assign target dates

• Think about what needs to happen first
  – What order will you work through the steps?
  – *Think about this... The team will need to decide where to camp before reservations can be made or someone can get directions to the campsite.*
  – Use your team to determine target dates

• Spread the work out
  – The dates should be spread throughout your PEAK 2.0 year
  – Unlikely to realize success if you wait until the end of your program year

• Assign specific dates to EACH action step
  – “April 1, 2015” Instead of “April, 2015”

• Be clear on what is expected of each team member
  – Often one step will depend on the completion of another
  – Team members will rely on each other to meet target dates in order to move forward with their own portion of the plan

• Negotiate reasonable target dates
  – Consider individual schedules and workloads when setting target dates
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</tr>
<tr>
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<td></td>
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<td></td>
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<td>8/1/15</td>
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Repeat steps 2-7 for each core addressed on the action plan
Implement the Action Plan: Step 8

• Review at each team meeting
  – Have team members report on progress

• Revise the plan as you go
  – Mark a step done when completed
  – Record new target dates as negotiated if initial target date not met
  – Add new action steps as they are identified
  – Re-assign action steps as your team evolves

• Provide each team member a copy of current action plan
  – Remember this an evolving document
Benefits of the Action Plan and the Team Process

• Holds individuals accountable to each other and the team process
• Keeps the team organized
• Keeps team members involved in the process
• Helps team stay on track
Remember that the K-State Center on Aging team is a resource to you. Contact us with any questions.