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Do you ever wonder, is it all worth it? Does this truly matter? Every once in a while even I get weary and doubtful, especially when I face the tough stuff. Just when I think I should give up something amazing happens! That moment when it all comes into focus.

A few months ago, Amy Higgins from Medicalodge Columbus shared a letter she received from a CNA, Luanne Foust. As I read Luanne’s letter, I had tears of joy, knowing the impact person-centered care has had to this home in a very personal way. There was my next motivator! I would like to pass the letter on to you.

“If you are having doubts or you are weary from the hard work this journey takes, I hope the letter is an encouragement. It is worth it!”

In this issue, we are also excited to share some insights on person-centered care planning. The KSU PEAK 2.0 team has been working with the survey team for about a year now on various issues and have identified care planning as an area to focus our collaboration. The information shared here is a result of that collaboration.

“All my best,
Laci Cornelison, PEAK 2.0 Project Coordinator

“Perseverance is not a long race; it is many short races one after the other.” –Walter Elliot
“Life As we Now Know It” - The Neighborhood Concept

Medicalodges Columbus — Luanne Foust CNA

Like everyone when this new concept of changing our residents way of living to smaller groups and develop their own small neighborhoods, I was very skeptical because the older we get, the harder it is to make changes. We all heard a lot about person-centered care and read about it and got to go visit a couple of places that were doing some person-centered care concepts. After visiting and thinking more about it, I thought that it sounded fun and exciting, and would be a great change for our residents to live in a more close-knit family environment. I made up my mind that I was ready for it and decided to run with the ideas we had been coming up with. Here is a little overview, from a CNA perspective, of how things are going in our home since we began the neighborhood way of living.

**It has been a fun and exciting challenge** and there have been a lot of ups and down as there is with any new learning experience, but the more we did this as a resident/family experience including everyone living on East Maple, the more it became a reality day by day. East Maple is made up of eight semi-private rooms, with a private dining room for all of the East Maple residents, a shower room and access to larger dining rooms if they prefer. They also have access to a patio area and screened in porch to enjoy on nice days. One of the keys to having a successful neighborhood is to study and visit with all of your residents and learn their likes and dislikes, and routines that they like to carry over from home. The goal is to make it as home-like as possible. They have choices of wake up times, numerous menu choices, when they want a bath or shower, and they get to be included on planning activities. They love being involved in all aspects and it makes a much homier atmosphere, and as a CNA, you really get to connect on a much deeper level. Not only do you bond closer with your residents, but I have found that I have bonded deeply with many of the family members. When the family members see all of the little small things we do just to make a happy, comfortable, loving living environment and see to all of their needs, we gain such respect from the families and such trust is built up between all of us. It really doesn’t take a lot to make any of the residents happy and content when you learn their preferences such as early morning cups of coffee, or showers early in the morning or just right before bedtime. Other things such as breakfast in bed, lunches on the patio with their friends, or helping them grow a small garden and enjoy the fruits of their labor makes all of the difference to many of them.

We’ve had many special events over the years such as neighborhood block parties, indoor cook-outs, wiener roasts over a pit fire, walks outdoors, or celebrating residents with a balloon lift off who are rehabbing back to their outside home. We always have birthday parties, bake fresh bread and cookies, and enjoy tea and coffee during movie time. Sometimes we simply sit together and read the newspaper and talk about the little things in life that are going on around us. It is amazing how we have developed lasting, personal relationships and became one big happy family together. Of course, not all times are good, and we lose one of our neighbors. During those times, we grieve together and celebrate their lives, making it easier for all of us to get through the times of sorrow.

I could go on and on about the things we have done to provide our East Maple residents a happier life, but the one thing I will say is a happy resident will always make your job of taking care of them so much easier, and you have more time to enjoy personal, quality, family time with all of them. Just as a small personal note from the CNA: I have always enjoyed working here but I can tell you that I have never had such satisfaction and enjoyed my job like I do since we went to the neighborhood concept. It’s like I have this big extended family on East Maple, but also all of the friends and families of these people have become just like my own family. All of our residents get to experience the neighborhood concept, but also have choices of what they want to do, when they want to do it, and where they do it. I just hope that someday everyone who works in nursing facilities can experience “life as we know it now” at Medicalodges Columbus.

It truly is a wonderful way of life for our elderly! Luanne Foust CNA
One of the bedrocks of person-centered care is that residents direct their lives. The care plan is a critical component of achieving that in a nursing home. The care plan is meant to be an expression of residents’ health and personal goals and how the nursing home team will help the residents to reach those goals.

One of the observations the KSU PEAK 2.0 team made the first year we did evaluations is that good quality, person-centered care plans were rare. Last year as we began working more actively with surveyors we learned that they felt the same way. Quickly, we identified a shared mission- to work collaboratively to focus on care-plan improvement. At a state-wide surveyor meeting the PEAK 2.0 team asked surveyors what care plan problems they see in the field. *Here is what they said:*

**COMMON PROBLEMS WITH CARE PLANS - SURVEYORS’ PERSPECTIVE:**
- The full care plan does not match the cards (jot sheets, Kardex, etc) that CNAs carry or how the home is actually caring for the resident.
- Care plans are “cookie cutter” or pre-made, not personalized.
- They include duplicated interventions on similar care plans, which create long care plans that are too cumbersome to read.
- During staff interviews surveyors find employees who do not know the information on the care plan and/or employees who admit to not reading care plans.
- Information on the care plan does not get communicated to direct caregivers.
- Care plans include few actual interventions. (Resident has difficulty sleeping at night. OR Resident does not like to bathe.) No actual actions are being taken to address these issues.
- CNAs are not involved in care plans and do not have easy access to them.
- CNAs are not allowed to make changes to the care plans.
- Care plans lack personal resident information; such as routine and preference information.

**Guess what?** The surveyors from across Kansas identified some of the same patterns we identified in the care plans we have been reviewing for PEAK 2.0.
Who are the right people?

1. **THE RESIDENT:**
   - Their family or support person:

2. **THEIR FAMILY or SUPPORT PERSON:**

3. **DIRECT CAREGIVERS:**
   - CNAs, provide for the resident’s direct care on a regular basis and work most closely with residents on a daily basis. It is important to have a CNA who works with the resident regularly at the care plan meeting because they know their daily routines most intimately and can contribute to care-planning issues in a very meaningful way right on the spot without the care plan team needing to have lots of follow-up discussions after the meeting. Families and loved ones appreciate a CNA’s perspective at the care-plan meeting because CNAs can typically answer questions immediately, such as: “How was Mom’s night last night?”; “Has Dad been doing better at getting into the bath for you?”; “How has Mary been tolerating the TED hose.” These are subjects that CNAs know inside and out and families and loved ones will appreciate having immediate access to those who care for their loved one hands-on.

4. **OTHER PROFESSIONALS THAT PERTAIN TO THE RESIDENT NEEDS AND GOALS:**
   - Involves other professionals as they are needed. What are the resident’s current issues and goals and who are the key people that can aid in providing support around those needs? Some professionals will know they need to attend up front because of the resident’s current issues and others will need to be engaged if a new goal or issue arises. Professionals’ time should be spent doing work to support the resident and not sitting in a meeting where their expertise is not needed. This may free up ancillary staff to help out with direct care so that CNAs can go to the care plan meeting.

THE MEETING FORMAT:

Q: Do you have difficulty getting residents and family members to attend care plan meetings?

A: If so, maybe it is time to look at what we are doing that may deter them from coming. The following are some common pitfalls of care plan meetings.
CARE PLAN MEETING PITFALLS:

• They cover the same thing every time.
• It is not at a time I can come.
• It feels intimidating.
• It is a waste of time. They don’t answer the questions I have.
• I don’t understand the point of them.
• I feel like I’m on the spot and they talk about all my problems.

AVOIDING THE PITFALLS:

• Offer care plans at flexible times, including some after hours options.
• Offer care plan conferences via Skype, Zoom, or conference call. Think outside of the box for ways to connect with those who are not local.
• Consider where you are meeting. Can the conference be held in the resident’s room? Is the space where we are meeting comfortable and inviting for families?
• Involve only those who need to be involved, rather than the entire interdisciplinary team. Unless there are active issues in an area that need to be worked through, often one person can be a spokesperson for other members of the interdisciplinary team. This will require that the interdisciplinary team communicates well with one another prior to the care plan meeting.
• Consider the format of the meeting itself. Avoid using the time to go through each discipline and give a report. Instead, let the resident direct the meeting. Invite the resident to share their goals for their health. Ask what is going well and what is not. Identify any issues that need to be discussed (Those things that trigger on your MDS) and a plan developed. This will turn the care plan meeting away from a static discussion to an active one.
• Explain the importance of care plan meetings with families and residents from the start. Help them understand their role is to direct their care and the care plan meetings are one of the ways in which you take their personal and health goals and turn them into plans that the staff use to follow their direction.

DEVELOPMENT OF THE WRITTEN CARE PLAN:

Now that you have had a worthwhile care plan meeting, involving the right people and discussing the right information, it is time to write the care plan. Take some time to think about who is writing the care plan. This is critical because the person writing the care plan should be at the care plan meeting and know the resident well. It is a missed opportunity if you have held an amazing care plan meeting and discussed the resident’s personal and health goals, but that information does not get translated into the written care plan. This is often when a gap occurs between what is actually happening and what is written in the care plan.

When writing the care plan, the goals should be the resident’s goals for their care not yours. From there, create active interventions that detail out how you will aid or support the resident in meeting their goal. Interventions should be discussed with the resident and have the resident’s support. It is easy for care plans to become problem focused because they are generated by issues identified in the MDS. However, when the goals to address the issues come from the resident, it is easier to switch from a problem orientation to a solution orientation.
COMMUNICATION OF THE CARE PLAN AND ON-GOING REVISIONS:

Now that the plan is written it needs to be communicated to everyone involved in the resident’s care. Remember that the care plan is not super-secret. It is the foundation that directs how you care for a person, so all those who are involved in that care should have easy access to it. Think carefully about how the information is available, particularly to CNAs and other direct caregivers. If information is shortened for CNAs make sure that their information matches the full care plan. Also ensure that CNAs have access to the full care plan as well as the shortened version. Because the care plan is not a static document, think carefully about how updates will be made and who can make updates. Direct caregivers are often the first group of staff members to identify a change. Make this process easy for them. While it is reckless to have everyone making changes to a care plan because it can create chaotic messages, it is important to have a system in place for direct caregivers to make changes on the care plan. Reporting changes to the nurse on duty is not a system to make changes. Nurses are busy and often these conversations happen informally, leading to the information never getting to the actual care plan. Develop a formal system, for CNAs to make ongoing revisions to the care plan. For example, some homes have a system in which CNAs can write in proposed changes that are reviewed by a particular person(s) on a regular basis and then the changes are transferred to the formal care plan.

SUMMARY:

One of our most important roles in providing person-centered care is supporting residents in directing their own lives. The care plan is a critical component in making this a reality for residents. While this article is not meant to be comprehensive, it offers some insights into improving the care planning process to maximize our role in supporting residents in their goals. For more information on care planning, check out “A Process for Care Planning for Resident Choice” by the Rothschild Foundation:

http://www.he.k-state.edu/aging/outreach/peak20/process-for-care-planning-resident-choice.pdf

DO YOU HAVE QUESTIONS OR CONCERNS ABOUT YOUR EVALUATION OUTCOME?

THIS IS WHAT YOU CAN DO:

Homes that have any grievance with their PEAK 2.0 evaluation results should submit these in writing to the KSU PEAK 2.0 team by email at ksucoa@gmail.com or by physical mail at:

PEAK 2.0 Team
KSU Center on Aging
253 Justin Hall
1324 Lovers Lane
Manhattan, KS 66506

The KSU PEAK 2.0 team will have 5 working days, upon receipt of the grievance to respond to the home in writing. If the issue is not resolved to the home’s satisfaction, the home may then schedule an evaluation review meeting, which will include representatives from the PEAK 2.0 team & KDADS team. Based on the outcome of the above process, KDADS will make all final appeal decisions.
SEEKING YOUR FEEDBACK ABOUT PEAK 2.0

It is our goal to continually improve the PEAK 2.0 program.
In order to help us do that, we will be sending you a link, via email, to a survey designed to gather your feedback about the program. The email with the survey link will go out the first week of May, so please be on the lookout.
We encourage you to take time to fill it out to aid us in improving participant experiences with PEAK 2.0.

Your opinions matter to us.

UPCOMING DEADLINES

Are you a level 1 or level 2 home? If so, your action plans for participation in the 2016-17 PEAK 2.0 year are due April 30th.

Action plans can be submitted by email or mail:

ksucoa@gmail.com or

PEAK 2.0 Project Team
Center on Aging
Kansas State University
1324 Lovers Lane
253 Justin Hall
Manhattan, KS 66506