

ACTION PLAN WORKSHEET: BATHING

INSTRUCTIONS:

Before scheduling a time to write the action plan:

- Gather the ***KDADS Criteria/Guidance*** found in the PEAK Guidebook on the PEAK website.
- Gather a team together (approximately 5-6 people) who are interested in working on this topic. Include a couple members of your PCC change team.
- Have all the team members read through the KDADS Criteria and Core Considerations for Bathing before meeting together.
- Bring copies of the KDADS Criteria and Core Considerations for everyone on the team when you meet to start writing the action plan.

At the time of the team meeting:

- Make sure everyone has a copy of the Criteria and the Core Considerations.
- Have several hard copies or an electronic copy of the Action Plan Template. These can be found in both Word and PDF formats at: <https://www.hhs.k-state.edu/aging/research/peak20/action-planning/>
- Ask for a volunteer to scribe for the group. This person will record items on the Action Plan Template.

Now it is time to start action planning:

- Your team will work through the Bathing core, supporting practice by supporting practice.
- Read the statement under the heading Core #3, “Bathing practices support individual choice.” (KDADS Criteria page 12)
- This is the **GOAL** for this core area. Have the scribe write or type that exact goal statement in the goal box of the Action Plan Template as seen below.

Goal: Bathing practices support individual choice.

Now everyone is aware of the goal for this core area. Next, go through each of the supporting practices and consider the following questions as a team.

Supporting practice #1: Bathing Choice

“Information about resident bathing preference is gathered on an ongoing basis.”

How and when do you gather information about residents’ bathing preferences?

1. Does your home gather information about residents’ life-long bathing patterns?
Circle: YES or NO
2. Does the information gathered include information such as what time they like to bathe, how often, how they bathe, where they bathe, preferred bathing routine and bath products?
Circle: YES or NO
3. Is there a process in place to communicate this information to direct caregivers?
Circle: YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

Sample Objective: “Develop and implement a form to gather information about resident’s life-long bathing patterns by January 1, 2018.”

Sample Action Steps:

- “Gather bathing team to discuss questions that we should include on this form.”
- “Type and format this form.”
- “Teach caregivers to use this form to document conversations with residents.”
- “Decide where to keep these tools once completed.”
- Etc...

“There are multiple bathing options.”

What bathing options are available to residents in your home?

1. Do caregivers know how to effectively assist with sink baths, bed baths, towel baths, segmented bathing, alternative hair care with dry shampoo products and other alternative methods?
Circle: YES or NO
2. Are residents given the options listed in questions 1 plus the more traditional methods such as shower and bath? **Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

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Sample Objective: “We will offer multiple bathing options to residents by January 1, 2018.”

Sample Action Steps:

- “Identify options that we should make available.”
- “Assess what supplies and equipment may be needed to offer these options.”
- “Order supplies.”
- “Add discussion of our expectation to support multiple bathing options to CNA meeting agenda.”
- “Train current employees to perform all types of bathing methods.”
- “Add education about our expectation to new CNA employee orientation checklist.”
- Etc...

“Residents have input in who assists them with bathing.”

What are your practices in assigning resident baths to caregivers for completion?

1. Are decisions about who will help provide bathing care based on the residents relationship with caregivers and their preferences rather than staff convenience? **Circle:** YES or NO
2. Do all team members assist with bathing on a regular basis rather than relying solely on a designated bath aid? **Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered **NO** to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

Sample Objective: “Caregivers will discuss resident preferences each morning in stand-up to decide who will assist who with bathing that day by January 1, 2018.”

Sample Action Steps:

- “Discuss this expectation in the CNA meeting.”
- “Create a resident bathing preference sheet for easy reference.”
- “Talk with each resident about their preference of who bathes them.”
- Etc...

“Residents choose when and where they bathe.”

How are residents currently involved in determining when and where they bathe?

1. Do residents’ have choice in the day and time of day they receive bathing assistance?
Circle: YES or NO
2. Do residents’ have choice in where they bathe (Spa room, personal bedroom)?
Circle: YES or NO

If you answered **YES** to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered **NO** to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

Sample Objective: “Residents will be asked each morning if they wish to get cleaned up today and if so, when and where they wish to bathe by January 1, 2018.”

Sample Action Steps:

- “Train team on this expectation in CNA meeting.”
- “Include resident preference re: when and where on the bathing preference sheet.”
- “Talk with each resident and include their preferences on the bathing preference tool.”
- “Add question to Neighborhood audit to ask residents if they are being asked daily about their bathing preference.”
- Etc...

“Bathing practices accommodate the daily preferences of residents.”

1. Are residents aware that their bathing preferences can change from day to day and be accommodated? **Circle:** YES or NO
2. Do all team members understand the expectation and offer flexibility in the bathing schedule to support resident preference? **Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

Sample Objective: “All direct caregivers will receive training on the expectation to support the daily preferences of residents in bathing by January 1, 2018.”

Sample Action Steps:

- “Create a training outline that will be incorporated into the bathing alternative training.”
- “Schedule a training for all current direct caregivers that will include the bathing alternatives for supporting practice 2.”
- “Add this training (along with the bathing alternatives) to the orientation checklist for all new direct caregivers.”
- Etc...

Supporting Practice #2: Bathing Alternatives

“Staff are trained in bathing alternatives (such as “Bathing without a battle” or an equivalent option).”

1. Does your home have an alternative bathing training that includes instruction on how to effectively use a variety of alternative bathing methods? **Circle:** YES or NO
2. Do all the direct caregivers receive training on alternative bathing methods upon hire? **Circle:** YES or NO
3. Do all team members receive this training periodically? **Circle:** YES or NO
4. Are attendance records maintained for this training that can be submitted to the PEAK team at evaluation time? **Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered **NO** to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

Sample Objective: “All CNA’s, CMA’s and Nurses will receive Bathing Alternative training by January 1, 2018.”

Sample Action Steps:

- “Order the Bathing Without a Battle video.”
- “Determine who will lead the training.”
- “Schedule 4 trainings (including training on supporting bathing preferences) at various times for all team members.”
- “Notify team members of need to attend training in staff newsletter.”
- “Create a sign-in sheet for each training to track attendance.”
- “Add Bathing Without a Battle to new employee orientation checklist.”
- Etc...

“Residents are supported in alternative bathing options.”

1. Does the bathing care actually practiced in the home support residents’ life-long bathing patterns described at the time they moved-in? **Circle:** YES or NO
2. Does each individual care plan describe the resident’s life-long bathing pattern and preferences? **Circle:** YES or NO
3. Do all team members understand residents should NOT be expected to submerge in water for traditional baths/showers to maintain hygiene? **Circle:** YES or NO
4. Are alternative bathing options offered when residents are resisting, fearful, or exhibiting other reactions (i.e. kicking, screaming, pulling away, crying, saying “no”, etc.) to traditional methods? **Circle:** YES or NO

If you answered **YES** to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered **NO** to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

Sample Objective: “Each resident will be supported in the bathing method of their choice by Jan 1, 2018.”

Sample Action Steps:

- “Talk with each resident about their preferences and record them on the Bathing Preference sheet.
- “Train staff to offer alternative methods to residents who may resist or avoid bathing during the Bathing alternative training.”

- “Add a question to the neighborhood audit to ask residents if they are being supported in their bathing preferences.”
- Etc...

Now that you have Objectives and Action Steps for each supporting practice within the Bathing core,

- Go back to your action plan and have members volunteer to take the lead on the action steps. **Write/type their name as Responsible person.** Work to spread out the workload among the team.
- Now go through and identify deadlines for each action step. Get the person that volunteered to lead the step involved in setting the date. **Write this as a target date on the plan.**
- Review the action plan to make sure it makes sense and compare the time line with the other cores you are working on. Try not to overload your schedule with too many activities at one time.
- Once the plan is complete, turn it in to the KSU Center on Aging for feedback and get started working through your plan. The feedback you will receive from KSU are suggestions to aid in your success in the program. You do NOT need to submit any changes or revisions you make to the action plan. Make changes internally and continue using the plan as a working document.
- The feedback you will receive on your action plan has no impact on you PEAK 2.0 level, but a submitted action plan is required for receipt of your Medicaid financial incentive. We see a strong correlation between homes that invest time in the action planning process and success at evaluation time. Feel free to contact the PEAK 2.0 team anytime for consultation on your work.