ACTION PLAN WORKSHEET: RESIDENT BEDROOMS

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 invested and 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 Daily Routines 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 Resident Bedrooms core, supporting practice by supporting practice.
- ➢ Read the statement under the heading Core #1, "Bedrooms in the home provide opportunities for privacy, personalization and comfort." (KDADS Criteria page 19)
- ➢ 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: Bedrooms in the home provide opportunities for privacy, personalization and comfort.

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: Privacy

"Rooms are arranged to promote privacy."

"Staff recognize boundaries and are respectful of resident space."

"Staff receive regular training on privacy expectations."

1. All of our resident bedrooms, whether private or semi-private, are arranged to promote individual privacy (visual privacy, auditory privacy, privacy for personal items, etc.)?
   Circle: YES   or   NO
2. Recognizing resident boundaries (respecting resident's visual privacy, auditory privacy, privacy of their belongings, etc.) and being respectful of resident space is the norm in the home by ALL staff? **Circle**: YES   or   NO
3. All team members receive regular training on privacy expectations in the home and there are systems in place to sustain this training for new employees? **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 resident rooms will have a walk through completed with the resident to identify ways to promote individual privacy and findings from the walk through will be accommodated to the fullest extent possible by February 1, 2018."

*Sample Action Step***s:**

➤ "Environmental services director and household coordinators will work with residents to devise a schedule of room inspections in each household that work with the resident's schedule."
➤ Etc…

Supporting Practice #2: Personalization

"Room décor reflects resident preferences."

"Residents have the ability to choose paint colors."

"Bed and furniture choices are supported."

"Policy is in place to encourage personalization of resident rooms."

1. Resident rooms are personalized according to the resident's preferences? **Circle**: YES   or   NO
    a. Rooms of residents who are cognitively impaired also reflect their individual preferences with décor? **Circle**: YES   or   NO
2. Residents are able to determine the paint color for the walls in their rooms?
   Circle: YES   or   NO
3. Our home supports resident's bringing in bed and furnishings of their choice?
   Circle: YES   or   NO
4. The home has a policy in place that encourages personalization of resident rooms?
   Circle: YES   or   NO

If you answered **YES** to **at least two of the questions above (1-4),** write a detailed description of what you are currently doing in the NARRATIVE box of the action plan. If your home has been recently evaluated on this area and passed it, note that in the narrative box along with the date of the evaluation. Consider writing action steps regarding ways in which you plan to sustain this practice.

If you answered **NO** to **more than 2 of the questions above**, you need to write an OBJECTIVE about at least two of these areas on your action plan and ACTION STEPS to meet that OBJECTIVE.

*Sample Objective***:** "Develop and implement a room personalization policy that actively encourages supporting resident preferences by November 1, 2017."

*Sample Action Step***:**

- ➢ "Determine what we are currently doing to promote room personalization."
- ➢ "Reach out to upper level PEAK homes listed on the PEAK website to see what type of policy they have on room personalization."
- ➢ "Review information collected from other PEAK homes."
- ➢ "Determine what would work best for us."
- ➢ Etc…

Supporting Practice #3: Self-care & Mobility

"Adaptions are made to promote self-care."

"Rooms are free of barriers to mobility and self-care."

1. Each room in the home has been looked at from the resident's perspective to promote self-care and mobility to the fullest extent possible? **Circle**: YES   or   NO
2. Barriers in resident rooms that impede mobility from the resident's point of view have been eliminated? **Circle**: YES   or   NO
3. Arrangement of each room's furnishings is based on resident privacy/boundary expectations & promoting self –care rather than staff preferences for work ease? **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: "Establish a protocol with all admissions at or before the time of move in, that the room is reviewed with the resident to determine what adaptions are needed that will promote self-care to the fullest extent possible. Each room will be reviewed quarterly (in conjunction with the MDS/CP schedule) or with significant changes with the resident to determine if there are any additional adaptions needed to continue to promote self-care. This protocol will be in place by October 1, 2017."

*Sample Action Step*s:

> ➢ "Household coordinators and a representative from therapy and environmental services will work with residents to create a schedule for reviewing current resident rooms to ensure that self-care is promoted to the fullest extent possible."
> ➢ Etc…

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

- Go back to your action plan and have members volunteer to take the lead on the action steps and *write/type their name as Responsible person*. Work to spread out the work load among the team.
- 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 the target date on the plan.**
- Review the action plan to make sure it makes sense, and compare the timeline 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 on 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 your 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.