Long-Term Care Survey Alert

CARE PLANNING: 4 Simple Steps Can = A Major Leap In Care Plan Quality

These inside secrets will improve clinical and survey outcomes.

Care plans can provide the heart of top-notch service delivery--or be a format for F tags and lawsuits. To keep your care plan process on track, consider these four best practices.

First and foremost: Care plan for residents, not surveyors. "Many facilities spend an incredible amount of time and money on developing care plans for surveyors, observes **Diana Waugh, RN**. "But when you develop a care plan solely for surveyors and no one implements the care plan consistently--the surveyor is the last person you want reading it," says Waugh, a consultant in Waterville, OH.

Other strategies that will make for great care rather than war with surveyors include:

• **Have the MDS in hand during care planning sessions for OBRA-required assessments.** "When you do care planning, the team should have the person's most recent MDS assessment right there," advises **Sheryl Rosenfield, RN.** That way, someone "can look at the MDS and say, 'This person's cognitive was coded as x, he's here for rehab, he requires this level of ADL assistance,'" says Rosenfield, a consultant with **Zimmet Healthcare Services Group** in Morganville, NJ.

• **Keep it short and on point.** When consultant **Carol Job, RN**, talks to surveyors about care planning, they suggest "facilities keep it simple and go back to basics. They want facilities, for example, to use the RAPs--not produce 23-page care plans," says Job, a consultant with **Myers & Stauffer** in Topeka, KS, and board chair for the **American Association of Nurse Assessment Coordinators**.

Tip: If team members talk to each other about the resident, they'll have a more accurate assessment and not end up with duplication where the care plan has five pages on fall prevention, says Rosenfield.

• **Turn computerized care plans into a working tool.** Many facilities use templated care plans that "look nice on paper," noted nurse attorney **Kathleen Hessler** in a presentation on documentation at the February 2007 **American Health Lawyers Association's** Long-Term Care and The Law conference in Orlando.

But "ideally, the care plan should be a working tool for the nursing staff and interdisciplinary team," said Hessler. "To demonstrate this, nurses should include handwritten information on the care plan to individualize and update it between quarterly care planning sessions," Hessler suggests. Remember, she stresses: The ability to defend a case can "turn" on whether the facility had "active" care plan measures "documented accordingly."

• **Develop a communication plan that ensures front-line staff knows what to do.** The regulations say each resident must have a plan of care, notes Waugh. But that doesn't mean it has to be in a written format or any particular format, she adds. "If surveyors came in and asked everyone how do you care for Mrs. Jones and they all agreed, the facility would be golden," according to what surveyors have told her, she says. But the facility has to create a communication plan that addresses the needs of staff members who "don't or can't" read the written word well, advises Waugh. Strategies include "more verbal explanations--and use of pictorial symbols."

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