

MDS Alert

Care Planning: Help Caregivers Pocket What They Need To Improve Care, Quality Of Life

This simple working care plan approach can F-tag proof your facility.

Sometimes a small change can fix a big and persistent quality-of-care and survey problem.

Take, for example, the huge numero uno problem with care plans: Staff doesn't implement them consistently.

An easy answer: A pocket-size care plan or guide updated each shift ensures direct-care staff has a working tool that's easy to follow. The pocket guide "contains the key information a CNA needs to provide care" and improve quality of life, says **Cheryl Boldt, RN**, a consultant with **Maun-Lemke** in Omaha. Items included on the pocket care plan, according to Boldt, include:

- The resident's diet, such as thickened liquids.
- ADL requirements--for example, two-person transfers.
- Required monitoring, such as vital signs or I&O.
- Some personal information. Examples include topics of discussion that "make the resident's eyes light up and want to talk," such as fishing in Canada or the person's 35 grandchildren and career as an engineer. Boldt notes that many CNAs say they don't have time to chat with the resident, but they can integrate those conversations during daily care.

Share the wealth: "The pocket care plan can be used by any facility team member who needs to know information about the resident," counsels Boldt.

"For example, a housekeeper can use a pocket care plan to help monitor [whether] care plan interventions for fall prevention and pressure ulcers are in place." So, if your HIPAA rules exclude the housekeeper from having this information, "change your HIPAA policy," she advises.

Time-saving perk: The pocket care plan also prevents staff from having to constantly run back to the nurse's station to check a Kardex, Boldt points out.

How to Keep the Pocket Guides Up to Date

To be useful, however, pocket care plans have to "mirror what's in the chart," says Boldt. Thus, you need a "systematic way" to update the pocket guide daily.

Best approach: Assign someone to update the master care plan and pocket guides at the same time each day, suggests Boldt. Then "you can keep a master [care plan] attached to the 24 hour report clip board" and make changes in red as they occur throughout the day. Then ask staff to update their pocket care guides during shift report.

Usually the MDS nurses work with the licensed nurses and other front line staff to update the care plan, says Boldt. But whatever model you use in that regard, the MDS nurse should be involved in the process in order to identify triggers for a significant change assessment, she counsels. The MDS coordinator can also help ensure staff are reconciling the master care plan with the pocket guides, adds Boldt.

Test your staff: To see if CNAs are implementing the care plan, ask them to fill out a blank pocket care plan to reflect what they are doing for residents, advises Boldt. "Then compare [the guides] to the master care plan and chart. Oftentimes, you'll see how out of touch" the care they are providing is with the master care plan in the chart, she

cautions.