

MDS Alert

CARE PLANNING: Take Care of Common Problems That Jeopardize Care Plan Success

Shore up these key areas and watch your outcomes soar.

The best laid care plans sometimes end up gathering dust on the shelf or, worse, acting as magnets for F tags. But a few key strategies can prevent that from happening.

For starters: Develop an open system where the frontline staff feel comfortable participating in the care plan process -- and challenging the care plan content, suggests **Cheryl Boldt, RN, NHA**, a consultant with Maun Lemke in Omaha, Neb.

Otherwise, the care team can compile a "really good, complex care plan," but not one the resident really needs or wants, Boldt cautions. And the care plan may not provide a workable solution in the view of those who have to implement it on a daily basis.

Example: The care plan team may devise a toileting program for a resident that includes a specific toileting time related to when he suffered a fall. But the frontline staff knows based on their experience that the person really needs to go before that time, says Boldt.

Tap Resident Strengths

Healthcare providers do a good job at identifying diseases and potential negative outcomes, but they don't always identify and play on a patient's strengths, notes **Lynda Mathis, RN**, lead consultant for LTC Systems in Conway, Ark. For example, even if a patient is severely handicapped, the fact that he can make eye contact with you to get his attention is a positive, Mathis points out. And you can include that in the care plan as a strategy for communicating with the person and facilitating care.

Look for these two commonly overlooked strengths in care planning, suggests **Cheryl Field, MSN, RN, CRRN**, senior healthcare specialist with PointRight Inc. in Lexington, Mass.

1. Motivation. The care team should find out what motivated the person in the past. For example, is the person someone who will do well with a walking goal that includes distance metrics? Or is he a social person who will do better walking from his room to a favorite event, such as Bingo? asks Field.

First things first: Rather than the care team prioritizing resident goals on its own, it should identify what the resident wants to work on first. Then when the resident experiences some success in reaching his prized goal, he'll be more motivated to work on other goals, Field says.

2. Past roles. A resident may not be interested in attending speech therapy sessions, Field notes. But before he suffered a stroke, he may have enjoyed reading to his granddaughter. And if the speech therapist knows this, she might engage him in working on reading to his granddaughter in preparation for the real deal -- or the resident might want to record a letter to his granddaughter, Field says.

Expand Your Team

In addition to CNAs providing direct care, the activities staff, housekeepers and dietary aides should know the care plan so they can do their part and let you know if the plan seems to be working, advises Boldt. For example, housekeepers may be the ones who notice that a resident seems to be in pain or is complaining about discomfort.

The dietary aide should know which residents are losing weight or not eating well, Boldt advises. They can then encourage the resident to eat when they deliver the meal trays or get alternative food selections if someone doesn't like what's offered.

Develop Systems to Navigate a Quick Change in Course

Build some tools into the assessment process to catch problems with the care plan in order to make changes in real time, advises **Jennifer Gross, BSN, RN, RACCT**, a consultant with PointRight.

For example, if the resident has a continence care plan, a daily flow sheet completed by CNAs could alert everyone to the resident's lack of progress at a certain time of day, Gross notes. The team could use that information to change interventions at that time of day -- perhaps make a change to the toileting schedule, Gross suggests.

"The key to making this work is consistent CNA assignments" where the CNAs know the residents really well and can detect a subtle change in condition or more easily realize when an intervention isn't working, Gross says. "There should also be a format for someone who is managing the care plan to get a verbal heads up from CNAs from shift to shift about any changes or an issue that the care team needs to look into more."

HIPAA heads up: If the facility includes housekeeping staff in the care plan in any way, it absolutely needs to provide those staff members additional HIPAA training about safeguarding protected health information, advises attorney **Michael C. Roach** in Chicago. Maintain documentation of the training in case the facility ever gets audited, he adds. The housekeeping staff should also be included on the distribution list for security reminders related to the HIPAA security law, Roach says.