March 2013 Conference Calls/Webinars Summary
All Regions

A total of four people representing three facilities located in Bath (Central NY), Buffalo (Western NY), and Stony Brook (Long Island) participated in the March 27 joint conference call/webinar. A total of five people representing two facilities located in North Creek (Adirondack region) and Greenport (Long Island) participated in the March 28 joint conference call/webinar. One facility in Ithaca joined the webinar but couldn't be reached through the conference line. Both calls/webinars were facilitated by Nurse Educator, Ann Marie Bradley, with assistance from Project Manager, Karen Choens (née Revitt).

Multi Versus Inter-Disciplinary

During the March calls, three facilities shared their challenges in implementing a truly interdisciplinary care planning process. Many facilities have followed the traditional multidisciplinary process in which each discipline has a unique, separate care plan for a resident; sometimes all the care plans are stored within the home's Electronic Medical Record (EMR), but they are not integrated and interdisciplinary Standards of Care (SOC) are not used to pull together approaches from all disciplines to address a common health condition or challenge. Catholic Health Services (CHS), a site that is moving forward with a corporate implementation of ECP across six communities, has discovered its care planning process is much more multi than inter-disciplinary than it had once thought. CHS has nearly finalized 15-20 interdisciplinary SOC with input from all departments; however, when they began to actually move towards integrating their SOC into the care planning process, they realized the traditional way of care planning by discipline was actively being practiced and would need to be addressed in order to have care plans that are holistic and person-centered.

Peconic Landing, new to ECP, also shared that while care plans are accessible in their EMR, each resident has multiple care plans according to discipline; while staff can view and write notes in another discipline's care plan, the plans are not integrated through use of standards and often staff are territorial about their discipline's care plan. Adirondack Tri County, new to ECP as well, said they have all the disciplines represented in each resident's care plan; however, care plans are very lengthy and Adirondack needs to develop interdisciplinary standards in order to isolate out the accepted care practices for certain health conditions and leave concise, person-centered details in the care plan.

The process of moving towards an interdisciplinary care planning process is a complex task that each facility must decide what strategies and timeline will work best for its staff to make a successful transition. For example, Absolut's successful roll-out of ECP across 11 communities centered on an interactive, educational program held at each site that included exercises in which actual care plans of residents were made over into ECP care plans using the core set of

interdisciplinary SOC developed by the corporate office. Further, staff at each community that volunteered to draft new SOC was given these requested assignments, increasing interdisciplinary buy-in for the process. Time and effort spent making the transition are worthwhile, as reported by both facilities in the original 2008-2010 demonstration project and sites participating in the current replication project. During the March 27 call, Steuben County Health Care Facility, a site that has 13 SOC being used in ECP implementation on all three of its units, shared that care plans have been cut by 1/3 of their former size, making them much easier to navigate and implement person-centered aspects of care.

Examples of ECP Performance Improvement Projects (PIPs)

Both Peconic Landing and the Long Island State Veterans Home (LISVH) said they are making ECP implementation one of their Performance Improvement Projects (PIPs) for their home's QAPI (Quality Assurance Performance Improvement) plan now required by CMS as mandated by the Affordable Care Act. PIPs are one of the five key elements in a QAPI plan and focus on particular problem that has been identified by the facility as needing attention and intervention. For example, a common focus area is being sure care provided is in keeping with current standards. LISVH said that the greatest value in ECP implementation has been updating standards and revising their electronic library to be current with the best available evidence on care practices; their PIP write-up will include updating standards as well as ongoing education to CNAs and new hires on the evidence-based approaches for each care area. Peconic has identified making care plans more person-centered and individualized through ECP implementation as its PIP focus.

"The Standard of the Month"

The ECP User Group conference calls/webinars are a great way for facilities to share ideas about keeping ECP concepts fresh and in practice. For example, Steuben County reported that it assigns a "Standard of the Month" for staff to focus on learning/reviewing that are written up on a large poster displayed prominently on each unit. LISVH is in the process of finalizing large charts that will be posted to each unit to reinforce ECP topic areas; they also have included the facility's SOC for ADLs as bullet points in the CNA Touch screens accessible by kiosk on each unit.

Auditing of ECP

Project Manager, Karen Choens, reviewed the new ECP auditing tool, explaining that the tool has two sections; one focused on a chart review and the second aimed at evaluating performance. The first section can be done by an interdisciplinary team, consulting a resident's chart, to see how well their responses and assessments line up with the care plan on file. The second section is done in consultation with CNAs or direct care aides and is meant to encourage a dialogue about 1) the care actually carried out with residents versus what is written on the plan 2) reasons for differences, 3) how well staff understand the purpose of SOC and 4) follow the evidence-based approaches identified in the facility's standards.