

**2012 Exceptional Care Planning (ECP) Replication Project**  
**Summary of Second Follow-up Conference Calls:**  
**Western NY, Greater Rochester and Capital Regions**

A total of thirteen people representing 10 Skilled Nursing Facilities participated in the September 19 and 26, 2012 conference calls for the Western NY, greater Rochester and Capital regions. The call was facilitated by Nurse Educator, Ann Marie Bradley. ECP Trainer, Barbara Bates, and Project Manager, Karen Revitt, were available to provide additional feedback.

**ECP implementation Across Two Corporate Entities in Western NY**

During our calls, two corporate eldercare providers in Western NY shared that they intend (Catholic Health Services/CHS) or already have implemented (Absolut Health) across their communities. CHS, based in Buffalo, will implement ECP across its five facilities beginning with its smallest community of 84 beds. The interdisciplinary task force has developed 10 Standards of Care (SOC) adapting the samples prepared by Barb Bates, available on FLTC's ECP Replication Project Webpage, to make them appropriate for their facilities and population served. Next steps include developing another 5 SOC, reviewing Policy and Procedures to be sure they are/can be brought up to date with Standards. Absolut Health rolled out ECP across all eleven of its western NY facilities, using the corporate team to spearhead the training and development of SOC and then having each campus further refine and add to the standards developed. Absolut's EMR, American HealthTech, has been customized by their IT department to incorporate ECP and the SOC their team developed.

**Inclusion of CNAs**

Several teams shared their efforts to include CNAs in SOC development, Steuben and CHS reporting they have a CNA on their ECP interdisciplinary team. MMEwing shared that they want to appoint a Senior CNA, called Geriatric Care Specialist, who would serve as the preceptor/motivator to other CNAs in looking for root causes of resident outcomes as well as help with education of new CNAs.

**CAAs addressed in SOC, Falls is a Focus**

Several facilities reported that they made sure the Care Area Assessments (CAAs) were addressed in their Standards, incorporating much of the language used in the MDS manual into their standards to assist with coding accuracy. A couple sites reported that falls was a focus for improvement and would be addressed in their standards. Barb Bates suggested looking into the [Morse Falls Scale](#), a quick, easy-to-administer tool that consists of six items for assessing a person's likelihood of falling.

## **Summary of Second Follow-up Conference Calls: Greater NYC Metro Area, Queens & Westchester**

A total of six people representing 3 Nursing Homes participated in the September 27 and 28, 2012 conference calls for the greater NYC Metro Area, Queens and Westchester regions. The call was facilitated by Nurse Educator, Ann Marie Bradley, ECP Trainer, Barbara Bates, and Project Manager, Karen Revitt, were available to provide additional feedback.

### **Standard Development as a Team**

Somers Manor and Crown reported that they had interdisciplinary task forces formed to develop Standards and both are using Barb Bates' ECP samples and Care Area Assessments as the foundation for their SOC. Crown shared that they give members of their eight-person team assignments, asking them to gather best practices and research for their assigned clinical area and then using this information as the shell for the standard they develop in team meetings.

### **Sub-committee(s) for SOC development and Increasing Buy-in**

A few sites reported that they found it challenging to include CNAs in the SOC development taskforce due to time constraints. Barb Bates suggested that the taskforce bring draft SOC to CNAs to review for clarity and consistency with the care practices actually being used on the floor with residents. She also recommended going to those most likely to be receptive to ECP (charge nurses, CNAs, Senior Aides) and giving basic education about the ECP approach and rationale for its implementation, focusing on how it can benefit the work they do by making it easier to understand the care approaches customized for each resident and being sure care is consistent with current guidelines and research.

### **ECP as Quality Improvement Project**

One site shared that they had gone through substantial staff changes since their ECP training and were in the process of implementing a new EMR. The site needed to delay ECP until December but wanted to stay in contact because their goal is still to move to an inter-(versus multi) disciplinary care planning approach. Nurse Educator, Ann Marie Bradley, highlighted that each step in the ECP process represents an improvement in care because reviewing, refining and developing Standards brings your home's care practices and policies up to date with clinical guidelines based on the best available research. She suggested that sites can write up the process of the ECP implementation as a QI study.