

ECP First Follow-up Conference Call/Webinar

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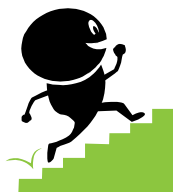
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Focus: Development of an Interdisciplinary Task Force

- ▶ Who is involved in the task force?
- ▶ What is the implementation plan? Timeline?
- ▶ Has the Standard of Care Policy/Procedure been developed?
- ▶ What Standards of Care will be developed first for your facility?
- ▶ Have you found any barriers at this point? What barriers do you predict will occur?
- ▶ Do you have any questions regarding the process at this time?

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ECP 7 Steps to Successful Implementation



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Steps to Success – Step One

Access your facility's current care plan system.

Yes No

Are the care plans lengthy?



Are Care plans repetitive from one resident's plan to another?



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Step Two of Buy-In

Determine ways to demonstrate support for buy in:

EXAMPLES

- Audit time spent by each discipline in completing care plans or length of care plan meetings.
- Audit number of incidents of care plans not being followed related to missing or unseen information.
- Audit the amount of repetitive or duplicative documentation related to care plans.
- Audit staff use of care plans.

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Step Three

- Establish an Interdisciplinary Team to develop facility Standards of Care based on current, accepted clinical guidelines.
- Design an implementation plan.
- Develop a care model that establishes the standards as the building blocks to the resident centered care planning process.
- Review all of your facility's current policies within the context of new facility SOC.

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Step Four

- Review regulations, both federal and state, with respect to care plan requirements.
- **Ensure the interdisciplinary team understands what must be included in the care plan process.**
- Establish how compliance will be achieved.

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Step Five

- **Establish policies and procedures followed by development of facility Standards of Care.**
- Utilize published guidelines (i.e., AMDA, AANAC, ANA, GNA, Hartford Foundation for Geriatric Nursing etc.) as references for the standards.
- **Review/revise all corresponding policies/procedures related to each standard.**
- Interdisciplinary Team may consider linking the Standards of Care to the Care Area Assessments (CAAs) .

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Step Six

- Educate all staff on the standards.
- **Ensure ongoing education is provided for all current staff, on orientation for newly hired staff, when revisions occur to the standards or policies, and PRN.**
- Attendance records need to be maintained, systems developed to ensure training is ongoing, and decisions as to where records will be stored.

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Step Seven

- **Audit and Evaluate Outcomes.**
- Audit compliance of staff with the standards – Are they following?, Using?
- **Evaluate the effectiveness of the standards in meeting regulatory requirements and assign a person to keep current.**
- Evaluate the effectiveness of the standards in delivery of quality of care and life for your populations.

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Standards of Care (SOC) Template



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SOC Documentation Format

- Definition of Standard
- **Risk Factors**
- Standard of Care (Interdisciplinary)
- **CNA Considerations**
- Reference(s) used to develop standard

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Sample SOC: Prevention of Skin Breakdown

- ▶ **Definition:** Nursing interventions designed to prevent pressures ulcers for residents identified as at risk for developing them.

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Sample SOC: Prevention of Skin Breakdown

Risk Factors:

Immobility	Decreased mental status
Incontinence	Exposure to moisture
Friction	Device related pressure
Shear	Inactivity
Chronic Disease state	Impaired sensation
Impaired circulation	Pronounced bony prominences
Edema, anemia, hypoxia, or hypotension	History of prior ulcer

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Sample SOC: Prevention of Skin Breakdown

Definition

1. Use a valid, reliable, and standardized and age appropriate method of skin assessment such as the Braden Scale to identify risk factors.
2. Document risk assessment subscale scores and total scores; implement a risk based prevention plan.
3. Assess skin on admission, weekly for four weeks, then quarterly and whenever the resident's condition changes.
4. Identify all individual risk factors to guide specific preventative treatments. Modify care based on identified risk factors.
5. Inspect skin minimally on a weekly basis, document as per the facility's policy.
6. Monitor skin condition with daily care and with each episode of incontinence.
7. Individualize bathing frequency – use mild cleansing agent; Avoid hot water and excessive rubbing.

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Sample SOC: Prevention of Skin Breakdown

Definition continued

8. Moisturize skin after bathing.
9. Cleanse skin after episodes of incontinence – use topical barrier to protect the skin.
10. If indicated utilize briefs and/or under pads that are absorbent and provide a quick drying surface to the skin.
11. Identify and correct factors compromising protein/calorie intake consistent with overall goals of care/advanced directives.
12. Monitor intake and provide nutritional supplements as recommended by Dietician/ordered by Medical such as multivitamins, Vitamin C, zinc, etc.
13. Request albumin levels as needed.
14. Offer hydration as appropriate; encourage meal/snack/fluid completion.
15. Encourage early mobility – ROM, ambulation, transfer and positioning programs. Encourage resident to shift weight. Teach residents who are able to shift weight every 15 minutes.

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Sample SOC: Prevention of Skin Breakdown

Definition continued

16. Reposition bed bound persons at least every two hours and chair bound persons every hour consistent with overall care goals.
17. Place at risk residents on pressure redistributing mattress and chair cushion surfaces.
18. Utilize lifting devices (trapeze, slide sheets, bed linens) to move persons during transfers and position changes.
19. Utilize pillows or foam wedges to keep bony prominences from direct contact with each other.
20. Eliminate pressure on heels.
21. Avoid positioning directly on trochanter when side lying positioning; maintain the head at lowest degree of elevation consistent with resident's medical condition.
22. Initiate a rehabilitation or restorative nursing program to maintain or improve mobility/activity status.
23. Educate the resident/family on pressure ulcer prevention, risk factor management and interventions.
24. Medical consultations as needed.

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Sample SOC: Prevention of Skin Breakdown

CNA Considerations

1. Monitor skin daily with care and with each episode of incontinence /toileting.
2. Apply barrier cream following each incontinent episode as per the facility's policy.
3. Keep skin clean, dry, and well moisturized as per facility policy.
4. Encourage meal/snack/fluid completion. Report and document decline in intake.
5. Turn and position every two hours or per the residents individual schedule. Ambulate or reposition as scheduled/as needed.
6. Notify nurse and chart any new skin issues as per facility's policy.
7. Follow the recommendations for position as per the CNA care plan.
8. Use lifting devices (slide sheets, linens, trapeze) to move persons during transfers or positioning.
9. Utilize positioning devices as recommended by PT - OT.

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Sample SOC: Prevention of Skin Breakdown

References

- Lippincott Manual of Nursing Practice. (2010). Wolters Kluwer Health/ Lippincott, Williams & Wilkins. Ambler, PA.
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- Geriatric Nursing Resources for Care of Older Adults. (2008). Hartford Institute for Geriatric Nursing. <http://consultgerirn.org>.
- Gulanick, M & Myers, J. (2011). *Nursing Care Plans - Diagnoses, Interventions and Outcomes*. 7th Edition. Elsevier Mosby, St. Louis, Missouri.
- National Pressure Ulcer Advisory Panel (2007). Pressure Ulcer Prevention Points. www.npuap.org.
- National Guideline Clearinghouse (2010). Guideline for prevention and management of pressure ulcers. www.guideline.gov

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Foundation for Long Term Care's ECP Web Page

To access additional materials, including sample Standards of Care prepared by Barb Bates, Letter of Agreement templates and a recording of the ECP Webinar for Administrators:

<http://www.leadingagency.org/home/index.cfm/research/fltcs-current-research-projects/exceptional-care-planning-in-2012-new-implementation-opportunities/>

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