## January 14, 2013 Conference Call

A total of ten people representing four facilities located in Brooklyn, Buffalo, Long Island and Westchester participated in the joint conference call/webinar. The call was facilitated by Nurse Educator, Ann Marie Bradley. ECP Trainer, Barbara Bates, and Project Manager, Karen Choens (née Revitt), were available to provide additional feedback.

### Sharing Implementation Experience: Beginners to Established Sites

The sites on the call were at various stages in the implementation process and were able to share their progress and how their individual team worked the steps. The Long Island State Veterans Home, having completed the fundamentals training in December 2012, was reviewing ten standards their team already had in place prior to training, using a special committee to check current research, bring standards up-to-date when needed and add the resource information to all standards. In addition, LISVH has two new standards in the process of being developed. The component of "CNA considerations" for standards will fit very well with their current EMR and can be integrated into the itemized ADLs that are generated from their care plans and are accessible to CNAs on touch-screens.

Catholic Health Systems, a corporate site that will implement ECP across its six communities, has finalized fifteen standards and is now discussing the roll-out process that will begin in their smallest facility. CHS choose to break its implementation committee into smaller groups to work on standards and cross check them with F-tags, MDS manuals and CHS policies. In addition, they have a CNA on their committee who has been instrumental to reviewing the wording used to be sure it is clear and understandable.

Somers Manor (Westchester) and Crown (Brooklyn) have also established their Standards of Care, Somers with 10-12 being finalized and Crown with 20 standards nearing completion. Somers chose to break up their larger committee into smaller groups to begin development of SOC and then had each group present their assigned standard(s) to the larger committee for review. They have included CNA considerations in their SOC format and plan to add in references. Policies were reviewed as part of SOC development. Crown Nursing's SOC committee meets every week has used Care Area Assessments (CAAs) and the MDS 3.0 manual as their foundation for building standards. They struggled with pulling CNAs off the floor to provide feedback and Nurse Educator Ann Marie Bradley suggested they bring some of the standards to them right on the floor to review for clarity. Crown has cross checked some of the standards with their policies and will complete this task as well as bringing their Medical Director up to date on this initiative.

**Monitoring ECP and Evaluating Impact**

Several sites during the call discussed how to monitor ECP and evaluate its impact on quality of care. CHS shared that they are using flow charting to show process improvement but requested an ECP auditing tool be developed to help sites in the monitoring and evaluation process. Project Manager Karen Choens said she would review tools developed for the demonstration project and create an adapted tool to share with sites. Nurse Educator Ann Marie Bradley also suggested that sites use ECP implementation as a Quality Improvement (QI) study by reviewing before and after ECP care plans in terms of the size of the care plan document, the degree of personalization and the time taken to write/document care pre versus post ECP implementation; other indicators to review include the inclusion and education of CNAs, the care planning meetings in terms of efficiency and quality and resident satisfaction surveys.


**February 14, 2013 Conference Call**

A total of six people representing four facilities located in Greenport (Long Island), Dunkirk and Salamanca (Western NY) and Rye (Westchester) participated in the conference call/webinar. The call was facilitated by Nurse Educator, Ann Marie Bradley. Project Manager, Karen Choens (née Revitt) was also available to provide additional feedback.

**Corporate Implementation and Experience with Surveyors in Western NY**

Two communities from Absolut Healthcare shared their ECP implementation experience as well as their recent visits from surveyors. Absolut indicated that its ECP implementation across eleven communities is still going extremely well; the team says ECP allows them to "get right to the point" and address the resident's main problems, challenges and goals in the care planning meeting because the ECP format of referencing standards and including individualized details in the care plan is "much more concise." Absolut's roll-out of ECP began with its corporate team building a core set of standards that were needed for all care plans, using the Care Area Assessments (CAAs) as the foundation. Corporate team members were assigned specific standards, developed the shells of them and then returned to the group to refine. After the core SOC were built, two members of the corporate group designed an in-service education training that was brought from one community to the next to introduce ECP. Using actual care plans from Absolut residents as samples, the training showed staff how care plans could be turned into person-centered ECP care plans by incorporating the standards that corporate had developed. Each community has three months to implement ECP and staff from all eleven communities volunteered to work on another thirty standards to add to Absolut's library.

Absolut was visited by surveyors from the Buffalo, Rochester and Syracuse offices and received no deficiencies related to its implementation of ECP. When surveyors arrived, they let the Team Leader know about ECP's implementation, how the approach works and gave them access to the

standards stored in Absolut's Electronic Medical Record (EMR).  Absolut reported no complaints from any surveyors related to ECP.

**ECP and Electronic Medical Records**

Sites are using a variety of EMRs and are at different stages of EMR implementation and integration with ECP.  Absolut uses American Health Care Tech and its IT department has individualized the EMR to include its SOC right in the system.  Peconic Landing at Southold is using Sigma Care with kiosks available for CNAs to access and enter information into the system.  Peconic was recently trained on ECP fundamentals in December 2012 and has put together an ECP task force with staff from Social Work, Activities, Dietary and Nursing that is set up to report to the Quality Improvement (QI) unit.  Peconic is focused on building interdisciplinary standards and will look at EMR integration after this major task is completed.  The Osborn shared that they have a new campus-wide EMR called HealthMEDX.  The EMR offers the shell and the facility must individualize every piece of it according to its needs.  The process is very complex but offers many features for individualization.  They are considering using the MDS fields that are automatically populated by HealthMEDX as the building blocks for its SOC.  However, implementation of ECP will be delayed (likely until June) until they have finished customizing their new EMR.  The Osborn would like to focus on standards related to Falls and Skin Integrity.