ACTION BRIEF: § 483.21

Learnings from Comprehensive Care Plan Deficiencies

HIGHLIGHTS: Overview of Comprehensive Care Plan Deficiencies

- Identify common themes of deficient practices identified from a sampling of F279 (Baseline Care Plans) and F656 (Develop/Implement Comprehensive Care Plans) citations in 2017 and 2018.
- Understand underlying causes identified from the deficient practices.
- Use Tips and Action Steps to prevent themes of deficient practices from occurring.

REVIEW & ACTION: Themes and Causes of Deficient Practices

Themes of Deficient Practice

Care Plan Interventions:

- ✓ Interventions were not implemented in accordance with care plan
- ✓ Staff members were not educated or informed about interventions included in the care plan

Resident Status Changes:

- ✓ Care plan was not updated upon changes in resident status or needs based on resident assessment

Person-Centered Care:

- ✓ Resident needs and/or desired outcomes were not identified in the care plan
- ✓ Comprehensive care plan goals did not include measurable objectives or timeframes

Quality of Care:

- ✓ Care plan citations often linked to other quality of care issues such as accidents, pressure ulcers, or pain management

Underlying Causes Identified from Deficient Practices

- ✓ Staff do not know what they are supposed to do or do not have the information they need to care for the resident
- ✓ Staff do not know where or how to access the care plan or updates are not effectively shared with them
- ✓ Staff do not realize the impact of what they are or are not doing
- ✓ Staff know what they are supposed to do, but do not follow through consistently
- ✓ Means of communicating care plan goals and objectives across teams are not established or are not effective
- ✓ Lack of information flow within and between shifts and teams

TIPS

- Foster teamwork and support across all teams
- Examine your system for communicating care plan updates to the interdisciplinary team (IDT) and other key staff members, identify gaps, and implement system improvements to ensure important changes, updates, and new interventions are shared and implemented
  - Use your QAPI process, such as targeted Performance Improvement Project (PIP)

- Develop a consistent system for evaluating when a resident's change in status, care needs, or goals require an update of the care plan, including new interventions
    - Encourage staff to incorporate critical thinking and collaborative problem solving when there is a change in a resident's status or needs that may warrant a care plan update
- Develop a process for communicating information from staff closest to the resident to the clinical and operational leaders
    - Implement a system of daily huddles to improve real-time information flow between teams and shifts
- **Develop opportunities for staff to foster relationships with residents to provide better person-centered care**
- **Ask residents to identify trusted staff members with whom they feel most comfortable discussing their goals and wishes, and incorporate those staff members into the care planning process even if they are not typically members of the IDT**
- Identify areas of workflow improvement to allow staff to better understand residents' individual needs
- Reassess your process for care plan development
    - Are you asking the right questions?
    - Are each resident's goals and desired outcomes reflected in the care plan?
    - Does the care plan contain too much detail?
    - Does the care plan contain too little detail?
    - Do you have the right people involved in the care planning process, including those outside of the IDT?
    - Can each member of the IDT explain their role in developing the care plan?
    - Are care plan interventions implemented consistently across all shifts?
        - If not, conduct Root Cause Analysis to determine and address the reasons

RESOURCES: Additional Materials to Help You

- Comprehensive Person-Centered Care Planning §483.21 - Action Brief with checklist of care planning tag to meet the requirements
- Navigating the New Rule: Changes to Quality of Care Regulations – Provider Article
- Part 4: Staff Stability – Webinar Series
- Fault Lines and Frontiers in Person-Centered, Long-Term Care – Article
- Developing a Culture Change to Reduce Hospitalization – Webinar and Slides
- The Person-Centered Side of Leadership – Article
- Learning from Julie Jones: A Case Study - Tool