

## ACTION PLAN WORKSHEET: RELATIONSHIPS

### INSTRUCTIONS:

#### Before scheduling a time to write the action plan:

- Gather the **KDADS Criteria** for Relationships: (pg. 6 and pg.15-16 ): <http://www.he.k-state.edu/aging/outreach/peak20/2017-18/peak-criteria.pdf>
- Gather the **KDADS Core Considerations** for Relationships: (pg. 12-15): <http://www.he.k-state.edu/aging/outreach/peak20/2017-18/Core-Considerations.pdf>
- Gather a team together (approximately 5-6 people) who are interested in working on this topic. Include a couple members of your PCC change team.
- Have all the team members read through the KDADS Criteria and Core Considerations for Relationships before meeting together.
- Bring copies of the KDADS Criteria and Core Considerations for everyone on the team when you meet to start writing the action plan.

#### At the time of the meeting:

- Make sure everyone has a copy of the Criteria and the Core Considerations.
- Have several hard copies or an electronic copy of the Action Plan Template. These can be found in both Word and PDF formats at: <http://www.he.k-state.edu/aging/outreach/peak20/action-planning/>
- Ask for a volunteer to scribe for the group. This person will record items on the Action Plan Template.

#### Now it is time to start action planning:

- Your team will work through the Relationships core, Supporting Practice by Supporting Practice.
- Read the statement under the heading Core #2, “Residents enjoy meaningful relationships with a small group of consistently assigned caregivers.” (KDADS criteria page 15)
- This is the **GOAL** for this core area. Have the scribe write or type that exact goal statement in the goal box of the Action Plan Template as seen below.

Goal: Residents enjoy meaningful relationships with a small group of consistently assigned caregivers.

Now everyone is aware of the goal for this core area. Next, go through each of the supporting practices and consider the following questions as a team.

## **Supporting Practice #1: Get Small**

***“Work areas are defined by specific physical locations.”***

1. Is the home divided into small work areas? **Circle:** YES or NO
2. Does the team recognize and know who lives in each of the work areas? **Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

**Sample Objective:** “The team will identify small work areas of no more than 30 residents by January 1, 2018.”

**Sample Action Steps:**

- “Gather the Relationships team and discuss informal divisions currently being used that could be considered in dividing the home.”
- “Talk with direct caregivers for input.”
- “Decide how many work areas make sense for our home.”
- “Mark these work areas on a map or floor plan to clearly define them.”
- Etc...

***“No more than 30 residents live in each area.”***

1. Do 30 or less residents live in every work area identified? **Circle:** YES or NO

If you answered YES to any of the questions above, write a description of how your home is divided into work areas and how many residents live in each area. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box.

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE.

**Sample Objective:** “The team will identify small work areas of no more than 30 residents by January 1, 2018.”

**Sample Action Steps:**

- “Gather the Relationship team to discuss options for dividing the home into small work areas.”
- “Talk with direct care staff for input.”
- “Discuss ideas with residents for input.”
- Etc...

***“Necessary supplies and equipment are convenient and available in each work area.”***

1. Do team members have easy access to equipment and supplies necessary to do their jobs?  
**Circle:** YES or NO

If you answered YES to the question above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box.

If you answered NO to the question above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE.

**Sample Objectives:** “Supply closets will be stocked in each work area by January 1, 2018.”

**Sample Action Steps:**

- “Meet with neighborhood teams to create a list of supplies and equipment needed in each area.”
- “Identify items that may need to be purchased.”
- “Identify a storage area in each work area for this.”
- “Move supplies to new supply closets.”
- Etc...

**Supporting Practice #2: Consistent Staffing****“A staff schedule is developed for each work area.” (Required)**

1. Does each work area have its own staff schedule? **Circle:** YES or NO
2. If schedules are combined, are assigned work areas designated on the schedule for each staff member?  
**Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

**Sample Objective:** “Create and implement a schedule for each of the work areas by January 1, 2018.”

**Sample Action Steps:**

- “Gather the Relationship team to discuss what staffing levels will be necessary to meet the needs of the residents living in each work area.”
- “Determine staff rotations needed to provide this coverage (ex. work every other weekend, etc.).”
- “Create a staff schedule template to identify the hours each position will work.”

➤ Etc...

***“Team members are assigned to a team in a defined work area.” (Required)***

1. Are 75% of team members assigned to work in the same work area each day they come to work? **Circle:** YES or NO
2. When someone calls-in, are they replaced with a team member who is consistently assigned to the same work area? **Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

**Sample Objective:** “75% of team members will be assigned to a consistent work area by January 1, 2018.”

**Sample Action Steps:**

- “Gather the Relationship work team to discuss how schedule assignments will be made (long term employees first choice, etc).”
- “Meet individually with team members to negotiate a position on the schedule template.”
- “Consider hiring needs.”
- “Consider cross training that may need to occur.”
- Etc...

**OPTIONS: (Homes must meet TWO of the four following required outcomes)**

***“Versatile workers are assigned in each area.”***

1. Are workers in each area expected to perform duties outside their “traditional” role on a regular basis to the extent allowed by their license or certification? **Circle:** YES or NO
2. Do workers routinely receive additional training to allow them to safely help with tasks outside their traditional roles? **Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

**Sample Objective:** “All neighborhood teams will be cross trained to support a versatile worker model of care by January 1, 2018.”

**Sample Action Steps:**

- “Make a list of each team member in each work area.”
- “Create a training for serving food safely, neighborhood cleaning, assisting with activities and life enhancement.”
- “Identify training needs.”
- “Recruit trainers for each competency identified.”
- “Include trainings in New Employee orientation.”
- Etc...

**“There is no schedule staff rotation between work areas.”**

1. Do staff work in the same work area each time they are scheduled? **Circle:** YES or NO
2. Do the neighborhood teams work in the same work area without periodic rotations to other work areas? **Circle:** YES or NO
3. Workers are primarily expected to cover call-ins within their own area rather than being asked to cover other areas outside of their consistent work area? **Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

**Sample Objective:** “There will be no scheduled staff rotation between work areas by January 1, 2018.”

**Sample Action Steps:**

- “Gather the Relationship work team to create strategy to cover call-ins from within each work area.”
- “Train each team member on the expectation to cover their shifts from members of their own team in team meetings.”
- “Develop a process for who to contact first when looking to cover a shift. For example call team members usually scheduled on another shift.”
- “Ask team members to stay late or come in early.”
- “Consider the availability of members of leadership team (MDS nurse, ADON, DON, etc).”
- “Consider consistently available PRN staff before calling staff from other neighborhoods.”
- Etc...

***“There is no scheduled agency staffing.”***

1. The home has covered the staff schedule in the past PEAK year WITHOUT the use of agency staff? **Circle:** YES or NO

If you answered YES to the question above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box.

If you answered NO to the question above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE.

**Sample Objective:** “No agency staff will be used during the next PEAK year.”

**Sample Action Steps:**

- “Discuss expectation with all team members.”
- “Gather the Relationship team to discuss alternative coverage strategies.”
- Etc...

***“PRN staff are recruited and designated for each work area.”***

1. Has each work area developed their own PRN team to help when needed? **Circle:** YES or NO
2. Do PRN staff always work in the same work area when called in to cover? **Circle:** YES or NO

If you answered YES to any of the questions above, write a detailed description of what you are currently doing to satisfy that question in the NARRATIVE BOX of the action plan template. Again, if your home has been recently evaluated on this area and passed it, note this and the evaluation date in the narrative box. Do this for all questions answered with “yes.”

If you answered NO to any of the questions above, you need to write an OBJECTIVE about this area on the action plan template and ACTION STEPS to meet the OBJECTIVE. Do this for all questions answered with “no.”

**Sample Objective:** “Each neighborhood will develop their own PRN team by January 1, 2018.”

**Sample Action Steps:**

- “Gather the Relationship work group and create expectations for PRN staff.”
- “Teach neighborhood leadership teams about these expectations.”
- “Neighborhood teams will recruit team members to serve PRN in their neighborhood.”

Now that you have Objectives and Action Steps for each supporting practice within the Relationships core,

- Go back to your action plan and have members volunteer to take the lead on the action steps and **write/type their name as Responsible person**. Work to spread out the work load among the team.
- Go through and identify deadlines for each action step. Get the person that volunteered to lead the step involved in setting the date. **Write this as the target date on the plan.**

- Review the action plan to make sure it makes sense, and compare the timeline with the other cores you are working on. Try not to overload your schedule with too many activities at one time.
- Once the plan is complete, turn it in to the KSU Center on Aging for feedback and get started on your plan. The feedback you will receive from KSU are suggestions to aid in your success in the program. You do NOT need to submit any changes or revisions you make to the action plan. Make changes internally and continue using the plan as a working document.
- The feedback you will receive on your action plan has no impact on your PEAK 2.0 level but a submitted action plan is required for receipt of your Medicaid financial incentive. We see a strong correlation between homes that invest time in the action planning process and success at evaluation time. Feel free to contact the PEAK 2.0 team anytime for consultation on your work.