

## ACTION PLAN WORKSHEET: SUPPORTING THE HUMAN SPIRIT

### INSTRUCTIONS:

- Gather the KDADS Criteria for Supporting the Human Spirit: (pg. 9 and pg.21-22): <http://www.he.k-state.edu/aging/outreach/peak20/2017-18/peak-criteria.pdf>
- Gather the KDADS Core Considerations for Supporting the Human Spirit: (pg. 29-30): <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 Supporting the Human Spirit 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 team 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 Daily Routines core, supporting practice by supporting practice.
- Read the statement under the heading Core #1, "Team members work together to discover and support what gives each resident meaning and pleasure." (KDADS Criteria page 21)
- 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: Team members work together to discover and support what gives each resident meaning and pleasure.

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: Day-to-Day Life**

***“Information is gathered about resident routines, preferences and personal pleasures.”***

1. Information is gathered at the time of move in regarding individual routines, preferences and personal pleasures? **Circle:** YES or NO
2. The information gathered is comprehensive and supports continued pursuit of what brings meaning and purpose to an individual’s life and is more than activity interests?  
**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:** “Develop and implement a questionnaire that will provide detailed information of an individual’s routines, preferences and personal pleasures by February 15, 2018.”

### **Sample Action Steps:**

- “Neighborhood Life Enhancement Coordinators will review our current activity assessment and bring a draft with suggested changes/additions to our next PEAK meeting.”
- “Team will review the draft and suggest changes.”
- “The tool will be tested on some current residents and feedback gathered.”
- “Final draft created.”
- Etc...

***“Information about resident leisure preferences is shared with direct caregivers.”***

1. Direct caregivers (CNAs, Dietary aides, Homemakers), have access to the leisure preference information at the time of move in? **Circle:** YES or NO
2. Caregivers are encouraged and empowered to support residents in the continued pursuit of a purposeful, meaningful life? **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:** “By February 20, 2018, all direct caregivers in each household will be trained on accessing the Personal Pleasures data in the CARETRACKER software.”

**Sample Action Steps:**

- “Household coordinators to supply IT staff with a list of direct caregivers in their household.”
- “IT will provide access and let HH coordinators know when complete.”
- “Direct caregivers will be trained.”
- Etc...

**“Residents live individualized daily routines supported by a person-centered care plan.”**

1. There are systems in place to check with residents regularly to verify that their individual routines and personal pleasures are being met? **Circle:** YES or NO
2. Care plans in the home are individualized and person-centered? **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:** “During the MDS observation period, direct caregivers will ask residents in their households if the individual routines, preferences and personal pleasures have been supported during the last quarter by March 1, 2018.”

**Sample Action Steps:**

- “An individual from each household will be selected to work on the committee to develop a questionnaire to be used based on each resident’s most current Personal Pleasures document.”
- Etc...

**“Individual spiritual and cultural preferences are supported and accommodated.”**

1. Residents in the home are able to attend a church or service of their choosing on a regular basis? **Circle:** YES or NO
2. Cultural preferences are recognized and supported in the home on an individual basis? **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 care plans will be reviewed/revised with each resident to ensure that spiritual and cultural preferences are individualized and supported by April 1, 2018.”

**Sample Action Steps:**

- “Compile a list of all churches or other spiritual services in the community that includes information on any transportation available to weekly services.”
- “Determine ways to individual talk with residents about their spiritual and cultural needs. Incorporate these needs into their person-centered care plan.”
- Etc...

**“Residents are honored when they pass on.”**

1. Does your home have anything in place to honor each resident (individually) at the time of their death?  
**Circle:** YES or NO
2. Residents are involved in deciding if and how they want to be honored at the time of their death? **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:** “By December 30, 2017 a template for a memorial service will be established that will be performed with each residents passing. The template will be adaptable to individual preferences.”

**Sample Action Steps:**

- “Meet with clergy members to obtain ideas for a memorial service.”
- “Involve residents in reviewing ideas for memorial services.”
- “Determine how residents are notified and involved in the end of life of other residents.”
- “Explore HIPPA rules on notification and address these issues appropriately while making sure residents are involved in community deaths.”
- “Offer grief support to residents.”
- Etc...

**Supporting Practice #2: Planned and Spontaneous Activities**

**“Residents are involved in planning formal activity schedules.”**

1. Residents are actively involved in the planning for the monthly activity calendar on an ongoing basis before the calendar is completed? **Circle:** YES or NO
2. The calendar reflects the interests and preferences of the current residents each month?  
**Circle:** YES or NO

3. Special event planning is done by the residents such as Christmas parties? **Circle:** YES or NO
4. Residents have opportunities to discuss upcoming activities daily and planned activities can be altered? **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:** “By January 10, 2018, each household will establish an Activity Committee that will be composed of any interested residents and 1-2 household team members that will have the responsibility of developing the household monthly activity calendar and planning special events for that household.”

**Sample Action Steps:**

- “Provide the current activity calendar template electronically to each household.”
- “Establish regular meeting times for the activity planning group.”
- “Discuss the format of those meetings with members.”
- Etc...

**Residents are involved daily in determining spontaneous activity.**

1. There is a venue or opportunity each day for residents to start a new and/or spontaneous activity if they desire? **Circle:** YES or NO
2. All team members are empowered and encouraged to carry out spontaneous activity requests made by the residents at the time of the request? **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 team members will be educated on meaningful and purposeful life for the elders and on what spontaneous activities are and how they can be actively involved in carrying out spontaneous activity requests to enhance our residents’ personal pleasures by January 20, 2018.”

**Sample Action Steps:**

- “Identify possible storage within each work area for supplies that would support spontaneous activity.”
- “Each work area will identify supplies they would like on hand to support spontaneous activity.”

➤ Etc...

Now that you have Objectives and Action Steps for each supporting practice within the Supporting the Human Spirit 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.