



Engaging Staff in Individualizing Care

Facilitator Instructions for Starter Exercise Involving CNAs in Care Planning

WHAT: This exercise is a demonstration of a care plan meeting to start conversation about how a care plan meeting works and how CNAs can be effective contributors, so the staff can think through how to make it happen.

WHY: Change is hard. Successful change requires discussion about why and how. Use this discussion to find out how the staff closest to the resident, who will implement a new approach, think it will work best. Have on-going discussions as the change evolves.

HOW: This guide includes discussion prompters to use after the personalized experience first to draw out staff's experience and reflections, and then to hear their ideas on how to do it. Allow time for each discussion. Hear from everyone. Ask for responses from quieter people. It may be tempting to brush off staff members who are openly skeptical, but putting into play major changes requires that concerns be welcomed as a contribution to the effort's success; get to the root of the concern, and note it as an area to keep an eye on.

RESOURCES: Toolkit Tip Sheet and Video Clip on Involving CNAs in Care Planning

Entire Toolkit and Webinar Series available at www.PioneerNetwork.net

Preparation: Review tip sheet and video clip on Involving CNAs in Care Planning

Time: 15 – 20 minutes

Material:

INTERACT^{II} Stop and Watch at http://interact2.net/tools_v3.aspx under “communication tools”

MDS 3.0 Sections:

- ∞ D - Moods
- ∞ E - Behavior
- ∞ F - Customary Routines
- ∞ G - Functional Status

Goal:

To help CNAs become familiar with the purpose and process of a care plan meeting and how they can be effective contributors.

Process:

Explain: CNAs' role at meeting will be two fold:

- ∞ to share information and problem solve with others, and
- ∞ to be a source of comfort and familiarity to the resident

If you have a CNA who has attended meetings, ask the person to explain the CNA's role and talk about the experience.

Show CNAs what kind of information to share:

- ∞ Explain that families are usually eager to hear details about how their family member is doing day to day.
- ∞ Give them examples of the type of information to share. Look together at the Sections D, E, F, and G of the MDS and **INTERACT^{II} Stop and Watch**.
- ∞ Share any guide you develop for what you most want the CNAs to be prepared to contribute.

Conduct a mock care plan meeting:

- ∞ Include all the clinicians who usually attend; if any can't be there, have someone play their part.
- ∞ Explain how families and residents typically participate in a care planning meeting.

Discuss a resident all the staff are familiar with.

For that resident, talk about what would be helpful to hear from the CNA who is actually caring for the resident, including current information about how the person has been doing this week, with a special focus on any changes in mood, daily routines, and ability to function. Explain that you are looking for areas of concern and progress.

Ask each clinician to contribute information and questions as they normally would, and then explain why.

Have an open discussion about what information is important for this meeting, and why.

As an option, work ahead of time with a consistently assigned CNA how would be willing to participate in the mock conference.

Open it up for general discussion. What questions do staff have?

Begin the discussion on how to make it happen.

Ask:

Where would we start?

What would we need to make this work?