



THE QUALITY NEWS

“None of us is as smart as all of us”

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3 Ground Rules used during Essential Lifestyle Planning Meetings

This month, we are featuring the Ground Rules that are used during Essential Lifestyle Planning meetings. Typically, interdisciplinary team meetings are where people gather to share their insights and findings in an objective setting and more frequently than not, these meetings are focused on the issues the person is experiencing and the team has gathered to try to ‘fix’ what is wrong. ELP meetings are structured differently and have a basic difference, which is establishing and adhering to Ground Rules throughout the meeting. The ground rules should be clearly stated at the beginning of each meeting and they are as follows:

- 1) **Use Plain English: Avoid clinical jargon.** If we want friends and families to participate on an equal footing, then we all have to use everyday English. Jargon could also distance the individual from the rest of the group. Using everyday descriptions, instead of clinical terms, helps to keep the individual’s issue in the same realm as our own. It’s the job of the meeting facilitator to politely rephrase jargon statements into everyday language. Whatever is written on the lists at the meetings and incorporated into the final plan, it should be in a language no more sophisticated than that of a local newspaper.
- 2) **The planning meeting should be conducted with, as well as for, the individual with a disability.** The individuals who are the focus of the meeting are always invited to the meeting. If they are absent it should be their choice and not for our comfort or convenience. They should be spoken to directly and never talked about as if they are not at the meeting. The respectful inclusion of the individuals with disabilities during the meeting is a key ingredient to the overall success of the meeting. If people are unable to speak for themselves or if it is not clear what they want, a trusted friend or family member may, through the strength of their relationship, be able to speak on their behalf.
- 3) **Promises for further action are made to the group and not to the team.** As responsibility for the action steps are divided among the participants they must understand that they are undertaking a collaborative process. They are making promises to the person with a disability and the other participants, but not the “team”. It is not unusual in ‘team’ plans to set completion dates that conform to expectations rather than reality. If these time lines slide, the individual will see this as simply another empty exercise. Individuals who trusted the process will be disappointed and may regress in reaction. Realistic timetables and deadlines should be set and those with assignments should be held accountable to the planning group. It is usually more important that an action step be completed thoroughly rather than quickly. Be sure to avoid the trap of over commitment when setting up timelines for the steps.

While these three simple ground rules appear to be quite easy to implement, they represent a major shift in ‘planning behavior’. It is hard to break habits and easy to revert back to ‘team meeting’ behavior, lapsing into jargon, ignoring the individual and making unrealistic promises. The result can be a compromised process which produces a pale imitation of a person-centered plan.



Individual Data Forms (IDF’s)

This is it—this is the core, beating heart, of Therap. One of the key elements in using Therap is entering and updating information about our Service Recipients. The data entered into the IDF’s are designed to help us, the users, know essential information concerning our individuals. Have you ever had to call an emergency contact and need the name and phone number? I do not know about you, but the first place I run to is the Individual Section in Therap and scroll until I find IDF’s. The IDF’s can hold a great deal of basic yet critical information concerning an individual. First and last names, gender, date of birth, identification numbers assigned by DDD, dates to include their initial admission, move dates, IHP date. Critical medical information as well is stored here including: blood type, adaptive equipment, allergies and even the name of their Primary Care Physician. There is a section for specific guidelines that can be uploaded including dietary needs, communication modes, mobility, supervision requirements as well as Behavior plans can be uploaded. Emergency Contact information as well as Guardian data is entered here. Also included in the IDF is the annual IHP Date, Name and information of the Representative Payee, Monthly Amounts of SSI and SSA received. Insurance numbers, names and policies can also be added in this section. Names of active Team Members and or any other contact can be added. 10M of data can be uploaded in this section. Here is the coolest part, at the bottom of this form, there is a button called Emergency Data. Click this button and immediately what will pop up is an Emergency Data Form that you can take with all updated data.

This form is updated after each individual’s IHP. HOWEVER, changes happen all the time—It is critical if there are ANY updates or changes to an Individual’s essential information—please simply email the Quality Department with any changes needed. If a guardian has a change of address or phone number; an update to Team Members; new updated equipment. Its important to have the most updated data in Therap as it helps all of us provide better supports and communication

If you have a Therap tip email us @:
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