Community Foundation of St. Joseph’s County

**Regional Nursing Home Collaborative**

in partnership with Health Care Excel

# *In It Together!*
# Strategies For Staff Engagement

**Faculty: Cathie Brady & Barbara Frank**

**July 26, 2011**

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# Introductions

- Share any good practices you’ve put in place since our previous Learning Session

- Share anything you have put in play and talk about how it’s going

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# Measurement

- What have we accomplished?
- How do we measure it?

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***What a difference management makes!***

Five Management Practices Associated with Low-Turnover, High Attendance and High Performance:

- **High quality leadership at all levels of the organization**
- **Valuing staff day-to-day in policy and practice, word and deed**
- High performance, high commitment HR policies
- Work systems aligned with and serving organizational goals
- Sufficiency of staff and resources to care humanely

Eaton, 2002

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# FIVE FUNDAMENTAL PRACTICES OF EXEMPLARY LEADERS

- MODEL THE WAY
- INSPIRE A SHARED VISION
- CHALLENGE THE PROCESS
- ENABLE OTHERS TO ACT
- ENCOURAGE THE HEART

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# Building Trust

- Presence
- Asking and delivering
- Consistency
- Listening
- Speaking with conviction
- Let your staff know what you’ve done

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# Valuing Our Staff

"…these individuals were not fundamentally different kinds of people with different work ethics.  They were, however, acting in a different organizational and human setting, being treated differently ….."

Susan Eaton

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# Drivers of Staff Satisfaction

- Management cares about employees
- Management listens to employees
- Help with job stress

MyInnerView, Inc. 2010

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# What’s the effect of a memo like this on staff’s belief that:

- management cares
- management listens
- management helps with job stress?

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# What’s the Message?

- What’s going on for the person who wrote this?

- How would you react if you were employed by this facility and you read these minutes?

- Is this memo likely to solve the issues being addressed?

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"The problem is not motivation. It is the ways in which we unintentionally de-motivate employees."

Quint Studer "Hardwiring Excellence"

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# Learning Circle

How do **you** know that you're valued?

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# Power

**When you’ve seen it used**

**To the Good**

**And Used Not to the Good**

***What a difference management makes!***

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Eaton, 2002

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# Your systems create your outcomes

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# Relational Coordination

- Consistent assignment
- Start of Shift Huddles
- Shift hand-off and/or intershift meetings
- Unit-based QI
- External and Internal Coordination for Smooth Transitions with Hospitals and within disciplines for New Residents

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# Relationships Determine Outcomes

- Quality, the **result**, is a function of quality, the **process**
- Cannot continuously improve interdependent systems and **processes** until you progressively improve interdependent, interpersonal **relationships**

Covey, 1991

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# Theory of relational coordination:

- Relationships with the resident are shaped by the relationships among all those who are caring for the resident
- It is the *community* of relationships that shapes the resident experience

Jody Hoffer Gittell
Brandeis University

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# Dimensions of Relational Coordination

Interdisciplinary ~ Interdepartmental
Across Shifts and Days

## Communication

- Frequent
- Timely
- Accurate
- Problem-solving

## Relationship

- Shared Goals
- Shared Knowledge
- Mutual Respect

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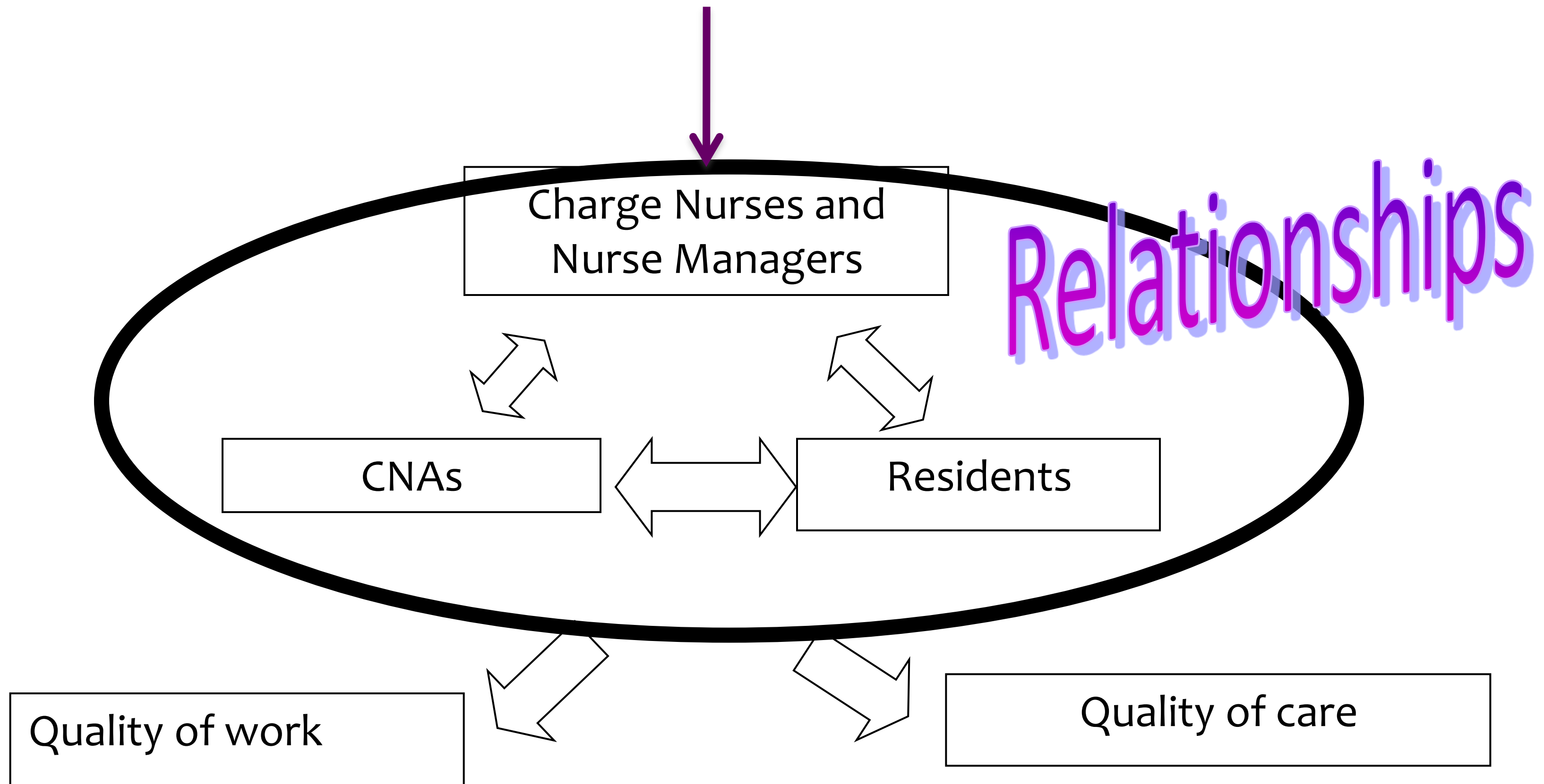
# Relationships Closest to the Resident Matter Most

Within and Across Shifts and Days
Interdisciplinary and Interdepartmental

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Eaton, Bishop, Gittell

# Shift Hand-offs
# Teamwork for Individualized Care

Tarsha Rodique
Neighborhood Nurse Manager
Glenridge Living Community
MaineGeneral Rehabilitation and Nursing Care
Augusta, Maine

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# Mechanics of Shift Hand-off

- Everyone going off and coming on joins in
- Resident by resident, by exception
- First, nurse to nurse, and CNA to CNA
- Same time every single day – we respect everyone's time
- Resident by resident discussed by CNA with nurse adding in – all one team
- Important for everyone on neighborhood to know so they can help out where needed

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# Problem-solving

- CNAs bring up concerns, whole team talks about what would be best for resident
- Problem-solve everything as it comes up
- No surprises at care plan meeting
- We're finding out sooner and following up on acute issues as things come up
- Prevention

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# Person-Centered Communication and Shift Hand-offs

## A Team Approach to Great Care

Connie McDonald
Administrative Director
MaineGeneral Rehab & Nursing Care
Augusta, Maine

# Empowered and Focused Shift Hand-off Process

A strategy that takes advantage of the well informed dedicated 24-hour CNA team to improve communication that supports quality care, a higher RUG and better reimbursement

A strategy that focuses on the resident's needs, not their diagnosis or our task lists

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# Individual and Team Accountability

- Dedicated Assignments
  - Both CNAs and Primary Nurses
- Communication
  - ✓ Informative Assignment Sheets
    - Risks are listed
    - Interventions are identified
  - ✓ Mid-shift Huddles
    - Quick update to nurse and team
- Interdisciplinary participation

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# *Accountability*

- Nursing Leaders: DONs, Supervisors
  - Provide on-going education on how great communication supports great care i.e.: "***connect the dots***"
  - Set expectations for each team member's participation

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# Interdisciplinary Team Input

- CNAs lead the report
- Nurses contribute pertinent medical updates and provide leadership for brainstorming new interventions
- The Social Worker, Activities, Dietary and Rehab participate at least weekly
- Everyone on the team is on the same page

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# *Key Elements*

- 15 - 30 min. overlap of shifts for communicating
- CNAs lead the report
  - Have dedicated assignments
  - Have knowledge of the risks for decline
  - Report exceptions to the norm for each of their dedicated residents on their shift and the previous shift
- Nurses contribute pertinent medical updates
- Everyone on the team is on the same page

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# *Key Elements*

- Interdisciplinary input: Social Worker, Activities, Dietary and Rehab participate at least weekly
- "Spotlight" residents in ARD window
- Script the discussion: only changes noted
  - Functional status (section G)
    - **Changes in ADLs requiring more assist**
  - Address mood and behaviors (section D: A-I and section E)
  - Update on noted risks (falls, skin, weight loss, behaviors, psychosocial well-being)

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# *Key Elements*

- "Spotlight" residents in ARD window to connect with the plan of care
- Script the discussion: only changes noted
- Teach the staff to share information that helps provide *Quality of Life* and *Dignity* through quality of care

***Doing the Right Things for the Right Reasons***

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# Here's How: *Develop the Process*

- CNAs
  - Identify risks & resident's status
  - Give overview of the previous shift report and pertinent events of this shift, including quality of life events
- Nurses
  - Identify any acute medical changes & the follow up plan
  - Address any changes or additions to the plan of care

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# Other Disciplines

- Social Worker: Adds pertinent psychosocial needs and *Life Story* information. Also shares what the resident interview revealed and family requests or concerns.
- Activities: Identifies "*Quality of Life Preferences*" for this resident, how they are adjusting socially and what is planned for them.

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# Team Communication

- Dietitian/Diet Tech: Addresses what is on the POC for nutritional support and solicits feedback.
- Therapy: Shares the goals and gives tips on how the nursing team can assist the resident meet those goals.
- DON & Administrator:
  - Provide support when staff expresses a need that would help them improve their care.
  - Give positive feedback on what has been presented so that the staff know it is valued

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# *Scripting the Report- Examples*

- CNA: “I am reporting on Frank.  He is a fall risk and is at risk for skin breakdown.  He was restless after breakfast, so I took him for a walk. His balance was pretty good; no falls. He napped in the recliner for an hour and then he ate 90% at lunch. His skin was without red areas when we brought him to the bathroom after lunch. Please take him to see the visiting animals at 4:00.”
- Nurse: “Frank has had a med reduction so let me know if you notice increased agitation.”

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# Scripting the Report- Examples

- CNA: "I am reporting on Mrs. Jones. She is in the *Spotlight* this week. She is at risk for weight loss, ate 90% of breakfast and 40% of lunch today. She is drinking well. She is also at risk for skin breakdown; her heel hover boots and elbow protectors are on. She was last repositioned at 2:30 so is due right after report.

  She also has a history of depression, but seems to be her normal self. Her family was in to visit at lunch and she enjoyed the music activity. She requests a shower this evening."

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Nurse: "Please let me know when you help get her undressed for the shower as I need to do a complete skin assessment. Let's check her weight at that time as well."

Diet Tech: "We provide fortified cereal and a high protein snack for Mrs. Jones to support her need for nutrition. Let me know if she starts refusing them. Also, have you noticed if she has favorites that we can offer more often?"

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Social Worker: “Mrs. Jones’ daughter tells me this time of year has always been difficult for Mrs. Jones as she lost a child in the summer, so we should be looking for signs of sadness. Please let me know if you notice her wanting to stay in her room more often.”

Activities: “Mrs. Jones is very social lately; has been enjoying Bible study and the music entertainment. I’ve noticed that she is more willing to interact with others.”

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# *Scripting the Report- Examples*

- CNA: "I am reporting on Sally. She's not her normal self today, is quite lethargic. She was up until 4am this morning, which is unusual. She ate a sandwich, tea and ice cream during the night. She slept through breakfast, ate a bowl of cereal and a donut and coffee around 10:30, and then refused lunch. She drank about 4 oz. of an Ensure at 2pm. Please offer her a drink and snack after report."
- "She is at risk for falls and is more unsteady today: I had to provide extensive assist with transfers. Normally I have to only provide supervision or limited assist."

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- Nurse: "Sally has been started on an antibiotic for a UTI; please check her vital signs this evening. Let me know if she eats less than 50% at supper and offer extra fluids this evening."

- Activities: "Sally enjoys listening to Frank Sinatra and I have a new CD for her in her room. Perhaps this will help her sleep tonight."

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# *The Bottom Line*

We give better care and get better reimbursement through higher RUGs when the direct care team understands:

The questions asked on the MDS that represent quality care and the work they do

That these things are significant:

- Level of assist with any aspect of care & if it changes
- Depressed Mood
- Pressure Ulcers
- Increased Negative Behaviors
- Resident's choices and preferences

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# *It's the Whole Package*

- Consistent Assignments
- Mid-Shift huddles
- Empowered CNAs who know their residents
- Engaged and pertinent Shift to Shift Hand-offs
- Strong nurse leadership
- Alignment of documentation
- Interdisciplinary Participation
- Individualizing Care Routines

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# Neighborhood Teamwork

- Morning huddle – everyone comes, no exceptions
- Special risk? Just-in-time mini in-service
- Stand-up problem-solving
  - What time did he fall?
  - What could we do to prevent his falling again?
  - Everyone contributes suggestions and group decides on course of action
- Mini in-service for staff who float to know resident's normal schedule and routines

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# Sharing with Families

## My Story of Caring With Pride

Kate Walsh, CNA
Glenridge Living Community
Augusta, Maine

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# Care Partner Sharing (IDTs)

- Preparation
  - Communicating with my partners on the other shifts for changes in care needs or behaviors
    - Skin concerns
    - Behavioral changes
    - Signs of depression
      - Verbal responses, eating patterns, mood
- Review of the Care Plan
  - Make suggestions for changes with my nurse manager to promote good care and quality of life

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# Relationships Count

- I try to establish a relationship with families of my residents as soon as they come to live with us, so its important for me to be at this meeting
- I seek family input on how to best care for their loved one
- I want families to trust in my ability to care for their loved one

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# At the Meeting

- I share what I' m doing to care for the resident
- I talk about any changes we' ve noticed and how that impacts the daily care
- I share little stories about some of the things that the resident has been doing and enjoying

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- I reassure families that express sadness or guilt or embarrassment about the issues the resident exhibits that we find the real person behind these things.
- I ask the families for suggestions or cues that we can use to improve our care and the quality of life

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# Follow Up

- I share with my partners in caring for that resident what happened at the meeting
  - Family requests
  - Compliments (and even complaints)

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# WE KNOW THIS!

**"Every organization is perfectly designed to get the results that it gets."**

***"We can't solve problems by using the same kind of thinking we used when we created them."***

*Albert Einstein*

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# External and Internal Coordination for Smooth Transitions with Hospitals and within disciplines for New Residents

October Meeting

# For more information:

www.nhqualitycampaign.org

www.BandFConsultingInc.com

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