Community Foundation of St. Joseph's County

Regional Nursing Home Learning Collaborative

in partnership with Health Care Excel

Honoring and Celebrating Our Work Together

January 25, 2012

Faculty:
Cathie Brady & Barbara Frank
B&F Consulting

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A year of working together…

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MDS 3.0
Beyond The Form: A Team Approach

January 26, 2011

Faculty:

Cathie Brady & Barbara Frank

B & F Consulting

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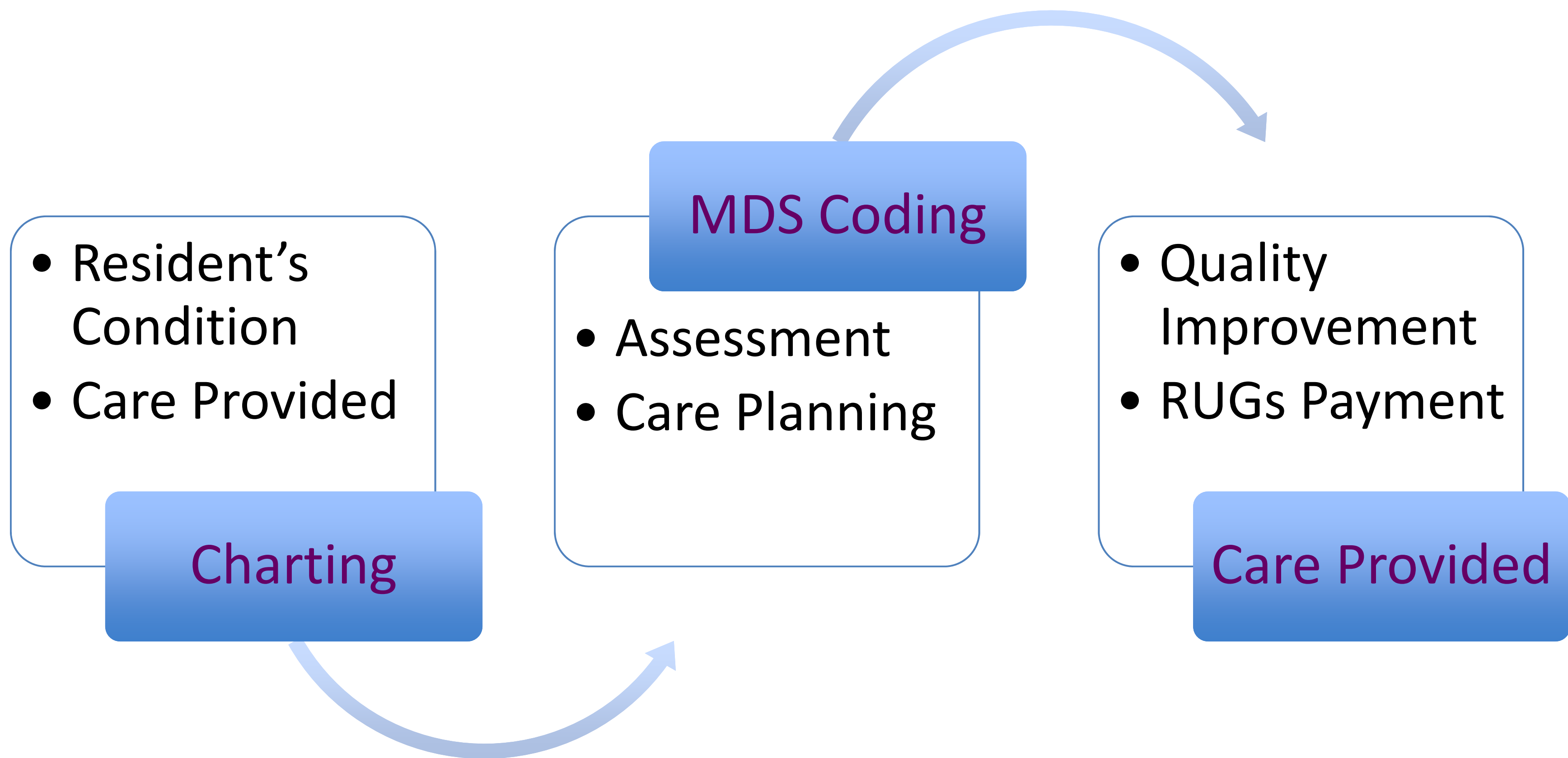
Staff Engagement in MDS 3.0 Affects the Care Plan, Quality Improvement and Payment



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Getting Off to a Good Start

March 9, 2011

Faculty:

Cathie Brady & Barbara Frank

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The First 24 Hours: Getting Residents Off to a Good Start in their Stay

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What a difference management makes!

April 12, 2011

Faculty:

Cathie Brady & Barbara Frank

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Lescoe-Long
Key Findings and Recommendations

- Go beyond sympathy to have mutual empathy, in word and deed
- Bring same level of caring for clients into caring for staff
- Develop interpersonal skills to support relationships
- Build in systems that reinforce caring for staff and teamwork – huddles and hand-offs

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What You Do Matters!
Creating a Positive Chain of Leadership

Faculty: Cathie Brady & Barbara Frank

June 8, 2011

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Words describing the Good to Great leaders:

- Quiet
- Humble
- Modest
- Reserved
- Shy
- Gracious
- Mild mannered
- Self-effacing
- Understated

But they also are fanatically driven, infected with an incurable need to produce results

Jim Collins

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In It Together!
Strategies For Staff Engagement

Faculty: Cathie Brady & Barbara Frank

July 26, 2011

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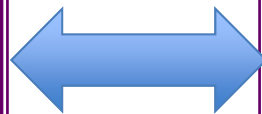
Dimensions of Relational Coordination

Interdisciplinary ~ Interdepartmental
Across Shifts and Days

Communication

- Frequent
- Timely
- Accurate
- Problem-solving



Relationship

- Shared Goals
- Shared Knowledge
- Mutual Respect

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A Smooth Hand-off
Strategies for Good Transitions in Care

Faculty:

Cathie Brady & Barbara Frank

October 5, 2011

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Transitions in Care

- A Statewide and National Issue
- Affects outcomes for people making the transition
- Transfer trauma is avoided by a smooth transition
- Think about it from the perspective of the person going between the hospital and the nursing home

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Encouraging The Heart

Moving Your Organization Forward Through Encouragement and Staff Engagement

December 7, 2011

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What we know about expectations

Our beliefs and expectations can and do impact how we experience the world around us.

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Everyone Stands-Up Together

at Holy Cross Village

January 25, 2012

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Light bulb

- Why have a meeting with just managers – why not involve the floor nurses and the CNAs?
- Yeah, makes a lot of sense
- We do a good job supporting floor staff
- This closes the gap
- Who’s coming and who’s going, and nurses and CNAs just as aware as we are
- Save a step hearing info first hand

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How it works

- Nurse goes through each resident, resident by resident
- Keep the pace
- By exception, risks and opportunities
- Give immediate positive thank you for good ideas – no one's idea gets shot down

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Agenda

- 24 hour report
- Any order changes
- Any behavioral challenges
- Nutrition
- Wounds
- New admissions, discharges, room changes
- What are tools you need to make a positive experience

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Timing

- 2 times a week
- 3 hallways
- About 7 – 10 minutes per hall
- At 9:00 a.m.
- Hard to figure out evening and night shift

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Keep it on track – Ground Rules

- The purpose: to discuss resident care issues
- To be a positive meeting
- No blame or negatives to co-workers, other shifts, or about residents
- No tangents
- Okay to interject
- If there's a concern, talk about it more private – there's another place for it

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At First

- At first no one came, had to go get them – a lot of waiting and standing around
- Management had to cover what they were doing – answer lights – so that CNAs and nurses can be at meeting
- Hard to find a spot to do it for resident privacy – all cram into small office or empty resident room – or behind the desk
- Make it a safe place so they would speak
- First breakthrough – new residents, which room – they had an opinion

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And then…

- Took a month to get into a rhythm
- Still improving – ideas of what else we can use this meeting for
- No judgment on ideas
- Everyone now feels comfortable contributing
- Now they don't want to miss it – know it's important
- Not punitive just so valuable

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Challenges

- Some managers wouldn't come (business office manager)
- Finding a spot
- Answering lights
- Knowing how to speak
- Have an agenda in mind
- Nurse discomfort with reading 24 hour report in front of everyone

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Our Thoughts About Challenges

- Every new idea is going to have pushback and might bomb, you have to keep pushing it
- It’s just a meeting, if it doesn’t work, we’ll change it
- If it’s too easy and no pushback, you’re not pushing far enough
- Takes a little while, keep doing it

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Immediate Benefits

- *I don't think the wheelchair fits* –
  - we could get a new w/c
- *Bed doesn't fit* –
  - can fix immediately
- Eliminates a lot of hassle
- From CNA to Jack in one conversation and got fixed

The people who know what needs to change can talk to the people who need to change it…

just like that

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Results

- Empowers front-line people to make decisions
- They have our ear and we can all problem-solve on the spot
- We have their ear and as management team know what's going on
- More efficient than having management stand-up and then go to the floor – can be discussed and resolved right away – not going twice
- You learn the little details that everyone needs to know – kleenex need to be right here, wake up time, what they want to eat
- Good for relationships

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Benefits

- Care planning is happening "just-in-time" on the spot, and not just at quarterly – when info comes up, make care plan adjustments right away – mini-adjusts fine tuned all the way
- Helps with QIS survey – pick up problems quicker – staff will have answers when surveyors ask CNAs
- It's QA/PI on the spot
- Added topics that used to be their own meeting and now are done better with floor staff (like nutrition and wounds)

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We Keep Growing It

- Use shift meeting for nutrition meeting
  - Include wound nurse, dietitian
- ARD window
- Talk about quality measures and get ideas
- Falls and alarm elimination – therapy
  - CNAs can suggest interventions “needs a wider walker” – problem solving immediately and checking right back in

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Key Concepts Throughout The Year

- Leadership
- Relational Coordination
- Staff Engagement
- Individualized Care

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Staff Stability

Improved Quality and Satisfaction

Better Census and Revenue

People and Systems Development

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OBRA 87 requires
each nursing home to
provide care and services to:

attain or maintain
the highest practicable
physical, mental, and psychosocial
well-being of each resident

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Highest Practicable =

No “avoidable” decline

Unavoidable =

natural progression of a resident’s disease or condition

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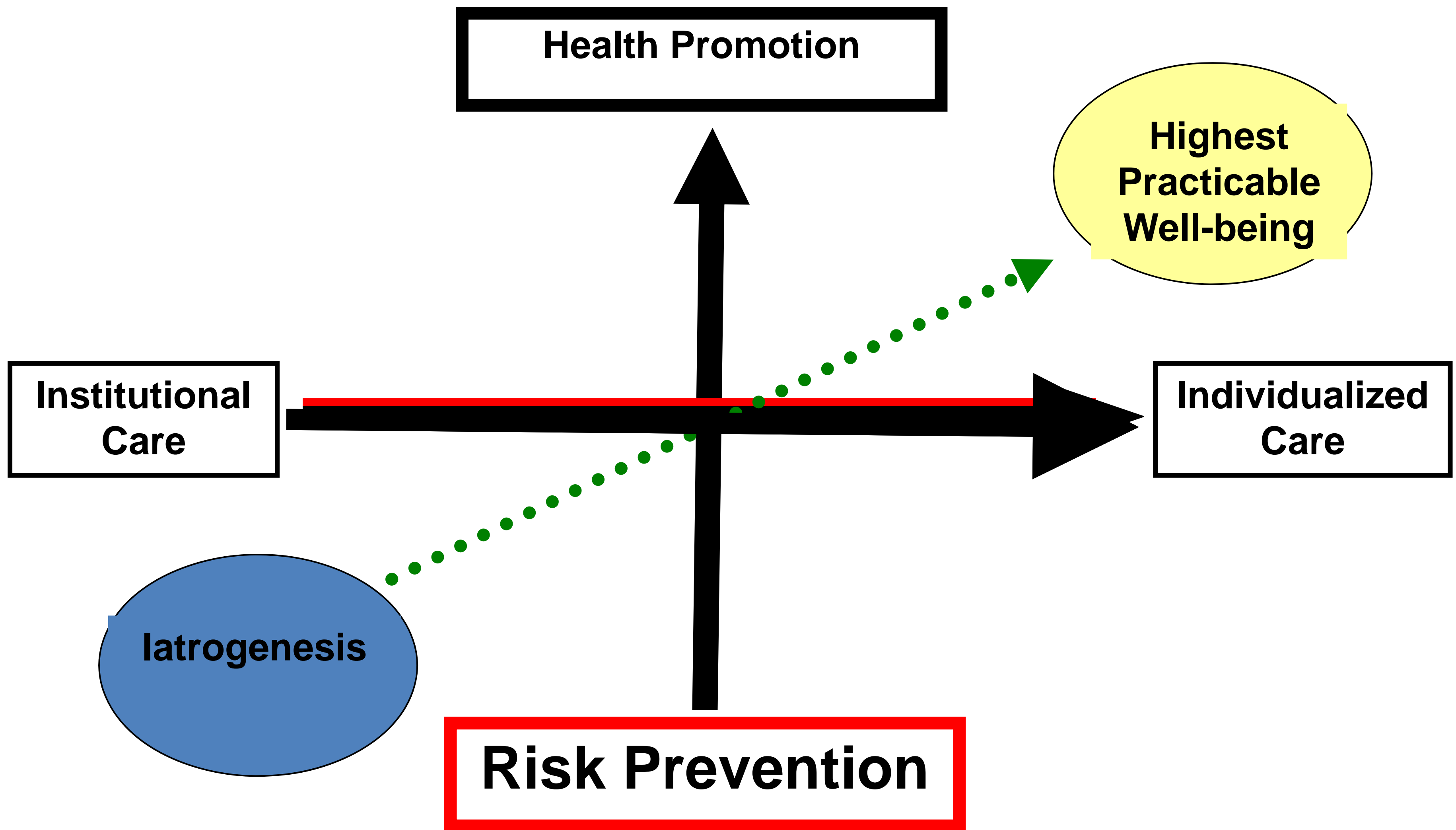

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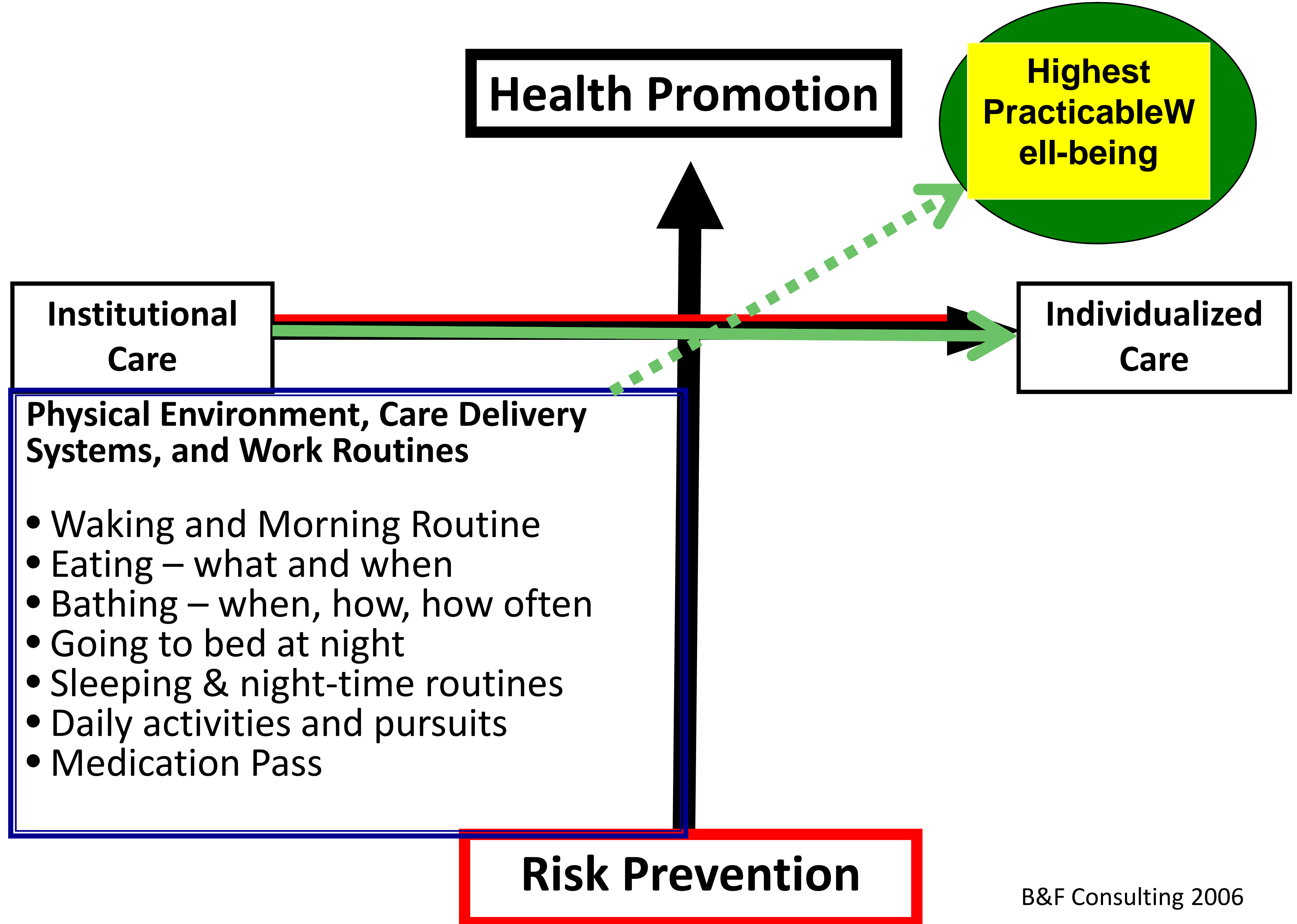
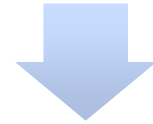
From Institutional to Individualized Care

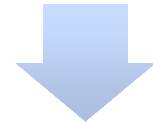


Disconnect between what everyone knows and does, and what is said and written.

Care Plan Meeting



Documentation



Reality of Daily Knowledge and Care

When there's a disconnect, the information isn't useful, meaningful or accurate

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Connecting the Dots

Write it once

Daily CNA notes

Each discipline's notes

Day to day Interventions

Nurse notes

Logs

Summaries

Clinician Notes

QA reports

Monitoring Forms

Unusual Occurrences

When there are too many places to document, you risk inconsistency, inaccuracy, gaps, and documentation fatigue

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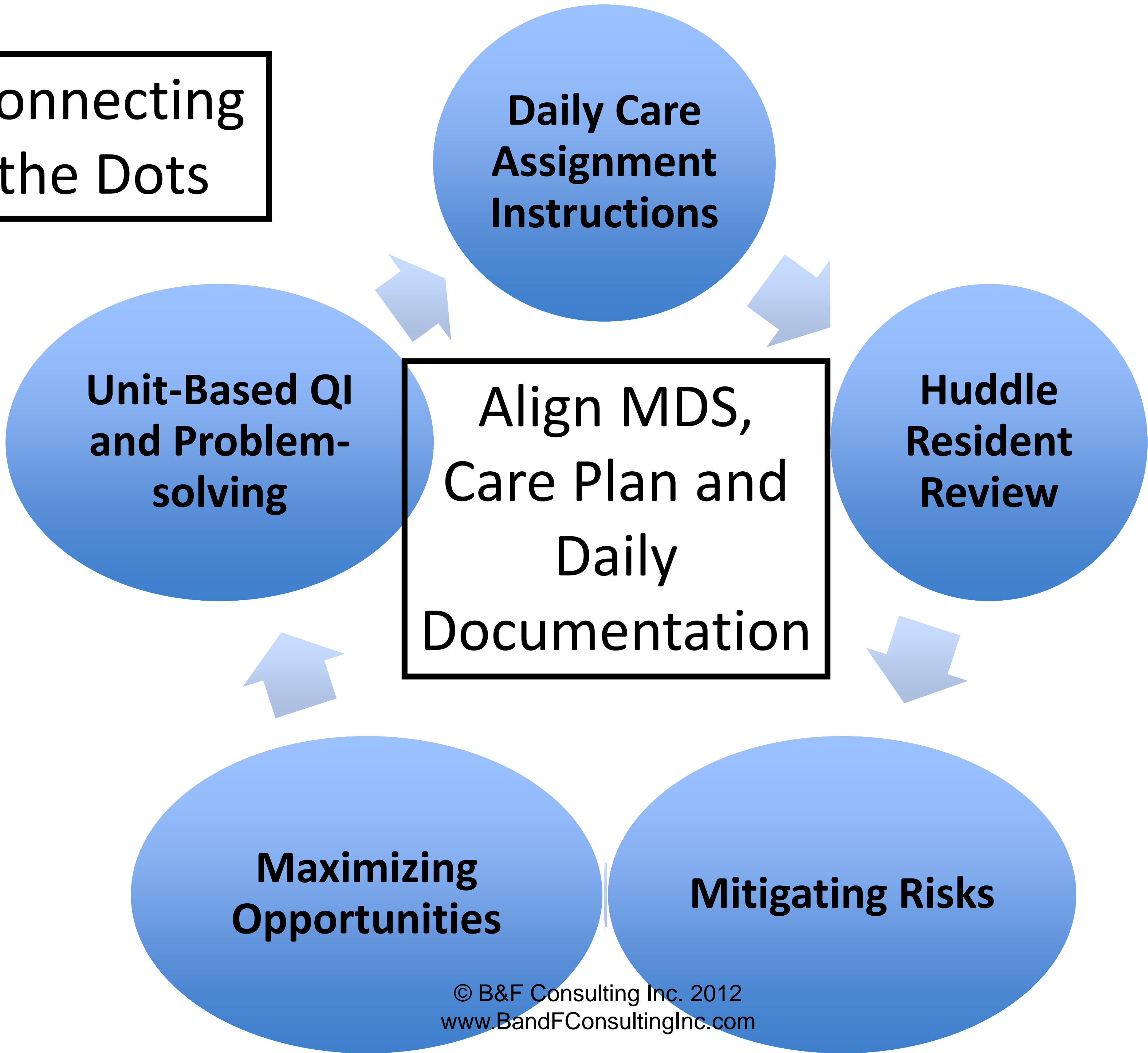
Connecting the Dots
Daily Care Assignment Instructions
Huddle Resident Review
Mitigating Risks
Maximizing Opportunities
Unit-Based QI and Problem-solving
Align MDS, Care Plan and Daily Documentation
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Connecting the Dots

Mood, ADL, Key Areas

Daily Care Assignment Instructions

Interdisciplinary

Huddle Resident Review

Mitigating Risks

Maximizing Opportunities

Interdisciplinary

Unit-Based QI and Problem-solving

MDS, Care Plan and Daily Documentation

Rounds for "just-in-time" QI and Staff Development

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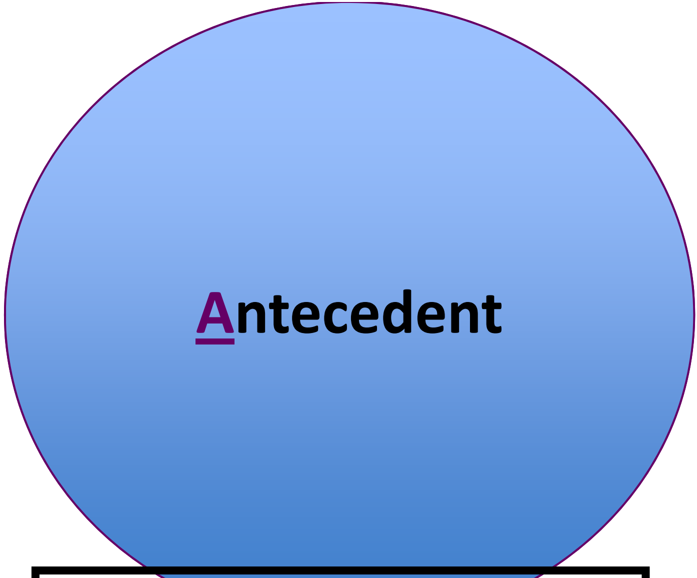
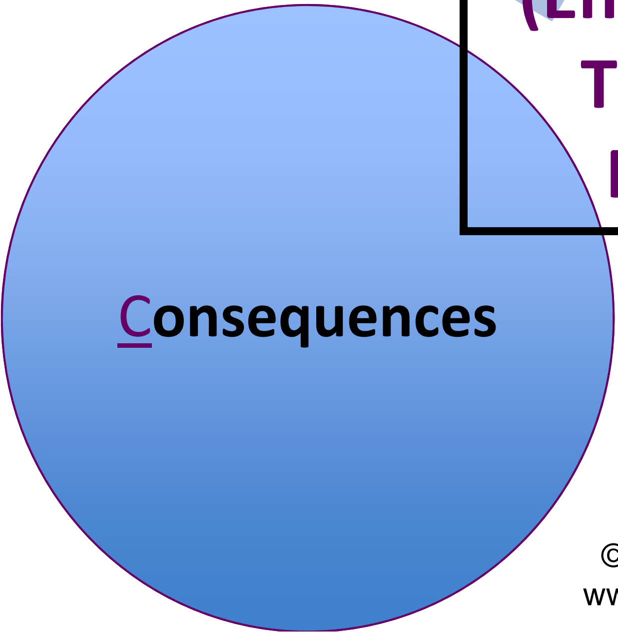
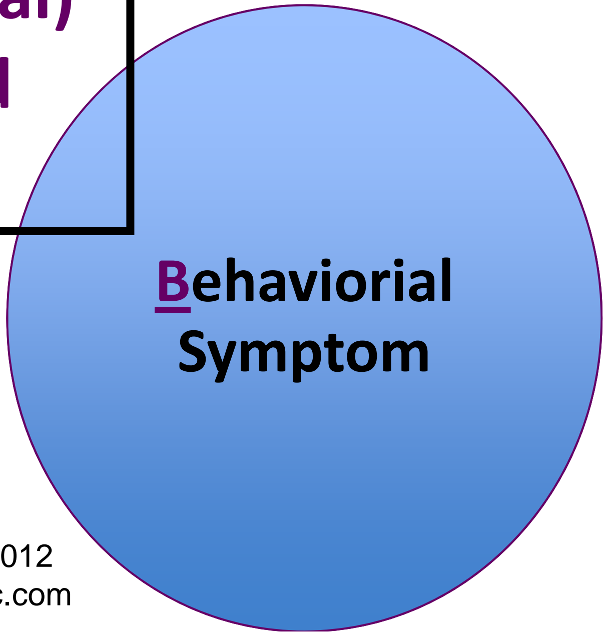
Connecting the Dots

Resident-Centered Staff Engagement







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Connecting the Dots

Resident-Centered Staff Engagement

Pain

An Individualized Approach

Using customary routines and social history

ADLs

Mood

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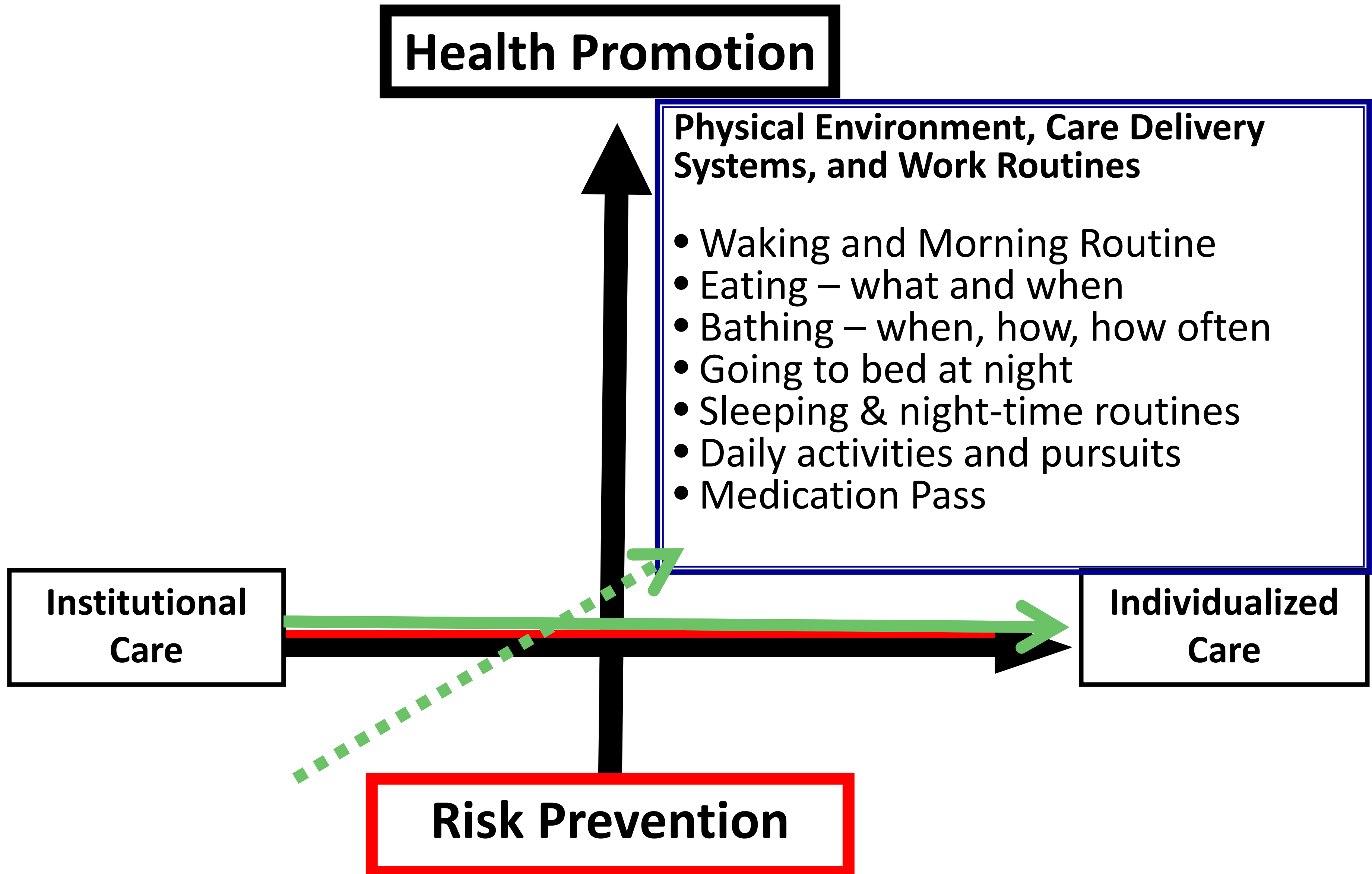
From Institutional to Individualized Care



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Science of Change:

Quality Improvement Practices

Root-cause analysis

Small pilot-tests

Evaluation and Re-evaluation

Mid-course adjustments

Evidence-based solutions

Collaborative Learning, Spread

Psychology of Change:

Relationship-Based Practices

Build on Intrinsic Motivation

Holistic Approach - Personalize

Start where people are

Build capacity for change

Experiential learning

Climate Where Truth is Heard

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QAPI Huddle Process

- What would you need if it were you?
- What problems happen when you don't have it the way you're used to?
- What causes the problems?
- What causes can you do something about?
- What's the easiest to change that has a big impact?
- How will you know it worked?
- Who do you need to involve?

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Building the Foundations of QAPI

David Farrell, MSW, LNHA

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"Quality is everyone's responsibility."

W. Edwards Deming

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JUST CULTURE

The single greatest impediment to
error prevention in the medical industry is
"that we punish people for
making mistakes."

Dr. Lucian Leape
Professor, Harvard School of Public Health
Testimony before Congress on
Health Care Quality Improvement

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Just Culture

- Employees know that safety is valued
- Staff find, report, fix systems
- Reporting errors encouraged
- Employees held accountable for competence and influence on others
- Assess why employees make errors
- Effective in reducing future mistakes

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How did I react last time I faced an employee error?

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Quality Surveillance Daily

Rounds to trigger quality performance -

- Monitor staffing and assignments
- Observe everything, everyone
- Relational coordination
- Ask good questions after greetings
- Say, "I' m worried about…"
- And, "I' m proud about…"

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QAPI Awareness Campaign

- Formal plan
- Communicate with stakeholders
- Speak with conviction
- Ask for quality concerns
- Current process to get feedback
- Provide email and cell phone #

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Is it wise to share our data with our staff?

Do they know what it means?

Do they know how they impact the data?

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QAPI – Closest to the Resident

- Bring the white board
- Write down all the ideas
- Prompt people
- “No blame”
- Set rules
- Enhance problem solving competence
- Stay with it

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The Process is as Important as the Outcome

"Sometimes transformation requires no outside control – when people are given the space to open up, they often unravel their own problems and solutions become clear in the process."

Stephen R. Covey

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Creating Climate Where the Truth is Heard

Four key practices:

- From data to knowledge to action
- Conduct autopsies without blame
- Engage in dialogue, not coercion
- Lead with questions

Collins, J. 2001

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Measurement Triggers Action

- What are we going to change?
- How will we know if it works?
- When will it start?
- How can I assist?
- When will we get people involved?
- How will we keep people informed?

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Gap

Lack of knowledge of evidence-based change ideas

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Gap

Lack of systematic approach

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Why Test Changes First

- Increase belief that the change will work
- Learn how to adapt the change
- Evaluate costs
- Minimize side effects
- Reduce resistance
- Successful spread

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QAPI

A checklist for effective leadership -

- Enhances my competence to solve problems
- Reminds me to listen
- Triggers me to include stakeholders
- Keeps me humble
- Improves my leadership

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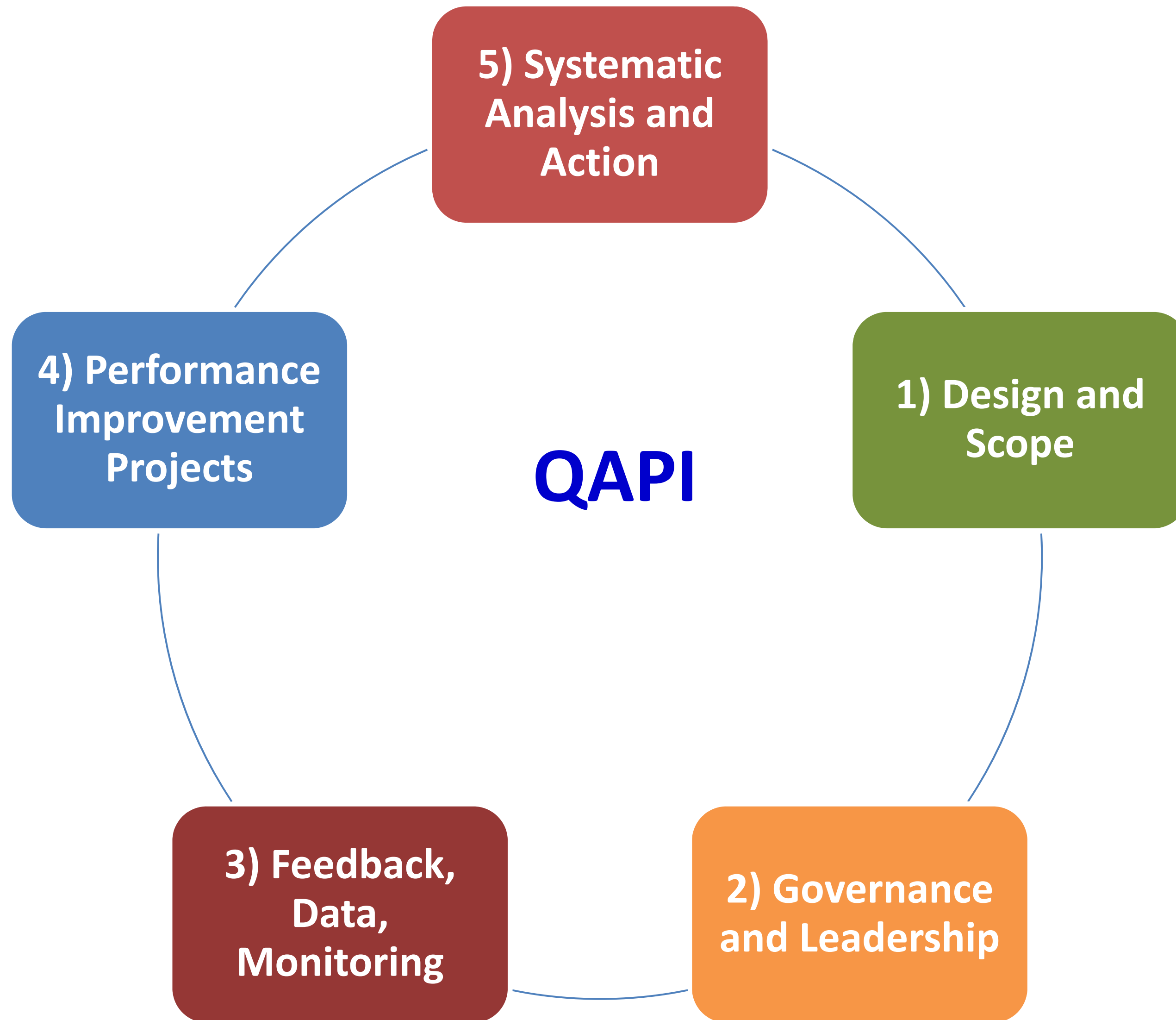
Quality is Never an Accident; It Is Always the Result of Deliberate Effort



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How of Change

- Personalize
- Look at what is, what could be
- Talk it through together
- Pilot test, measure, adjust, spread

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QAPI Huddle Process

- What would you need if it were you?
- What problems happen when you don't have it the way you're used to?
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Thank you for your incredible commitment

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