

A Communication Infrastructure for Prevention

Starting From the Point of Care

Why a Communication Infrastructure Is Needed

Your nursing home's performance is judged by what happens at the point of service. Preventing an avoidable hospitalization, a distressed behavior, a fall, or other adverse events depends on your staff's ability to recognize an emerging concern and intervene effectively. Nurses and CNAs need competencies to know what they are seeing and the critical thinking to know what to do about it. No staff can act alone. Staff's ability to perform at this new level of quality requires your organization's support. All staff depend on services and functions that run across departments and disciplines. Adapting to meet residents' emerging needs requires communication and teamwork.

This communication infrastructure provides a mechanism to work together to catch issues early and act quickly. Through management huddles with staff, staff need to know what to look for, share what they see, and enlist the organization's support to act effectively. This communication system upgrades the quality of the clinical oversight meeting in the conference room and then brings it to the staff closest to the resident. Direct care staff have the most up-to-date information on the resident's condition and will be directly responsible for implementing any interventions. Bringing the discussion to staff at the point of service saves steps and improves outcomes.

Step 1. Make morning clinical meeting more pro-active and preventive

Discuss two groups of residents: those on your "watch list" and those on your 24 hour report. For each resident you discuss, set the expectations that the nurse responsible will have sufficient information to determine a course of action. This includes up-to-date information, relevant history, and forward thinking. Expect nurses to be analytical and proactive about potential causes and consequences.

- **Use a white board.** As you discuss each resident, refer to and update the white board and note any information you are awaiting. As soon as that information arrives, it can be added to the white board without having to wait for the next day's meeting to share it.
- **Create categories you're watching,** such as new residents, residents for antipsychotic medication reduction, residents showing change in status, pressure ulcers, weights, congestive heart failure, anyone you have a Stop and Watch for – whatever you need to keep your eye on. Talk about all the residents in those categories to check in on how they are doing and how interventions are working.
- **Use Just-in-Time teaching.** If this level of performance is new for your nurses, for each resident you discuss, prompt their thinking in a developmental way. Help

them think through the symptoms to identify potential causes and interventions. Help them determine what to watch for and what tests and monitoring are needed. Each day help them be better prepared the next day.

- **Refer to Care Paths and SBAR.** Both of these tools guide nurses through the clinical assessment process. By referring nurses to a source, they then have that source to guide them throughout the day and in report.

At the beginning of doing this, your meetings will last longer, as your discussions of each resident take more time. Soon, these longer discussions will mean less time is needed for follow-up. Within a couple of weeks, meetings will take less time and you will have less time needed for follow-up.

Step 2. Bring the discussion to CNAs and nurses caring for the residents

Repeat and expand on the process in the conference room. Through this discussion with staff closest to the residents, you will get granular up-to-date information on how each resident is doing. Then make a game plan for an individualized approach.

- **Use a white board.** As you discuss each resident, talk directly with the CNA caring for that resident to learn the most up-to-date information about how the resident is doing. Highlight the key indicators to watch. Keep the white board up-to-date and note any information you are awaiting.
- **Ask them to add to the Watch List.** Do they have concerns about any of their residents who are not themselves? Have staff explain what they are seeing. Ask probing questions to hone in on what may be happening. Help them connect the dots between what they are seeing, how it compares with usual, and what it may indicate.
- **Use Just-in-Time teaching.** Run through the key indicators about how the resident is doing, and why (for example why weight gain from water retention is a concern for congestive heart failure) so staff know what to look for and why.
- **Make a Go-to Reference Spot for Care Paths, Stop and Watch, and SBAR.** Near the white board have a resource area with these reference and communication materials. Review how they can be helpful in each situation. With Stop and Watch highlight the areas relevant to the resident you are discussing. Use the Care Paths to explain the connection between symptoms and the disease process, so CNAs and nurses know what to watch for and what it means.

These huddles should take about 15 minutes. Initially, the director of nursing will lead this with each unit. Gradually share responsibility with the unit manager, until unit managers can do it well alone. Often it's valuable for the DON to continue to attend these unit huddles.

Step 3. Follow-up and pass along at stand down and shift change

Go over residents and update white boards. Focus on follow-up. Make sure test results are promptly received, noted, and acted upon. Maintain everyone's focus on what to be looking out for and what actions are required.

Step 4. Staff development

Have your staff developer round with short just-in-time education with staff for areas you identify as needed. For example, if you're headed into flu and pneumonia season, remind staff of key practices and indicators. Use Care Paths, Stop and Watch, and examples from the residents on their assignments and anyone on the white board.

Step 5. Nurse leadership development

Systematically work on nurses' clinical and leadership skills.

Clinical: Use skills fairs, regional hospital and academic simulation labs, in-services, and individual mentoring to grow nurses' clinical skills. Develop their critical thinking and clinical mastery by looking back on situations for teaching through case review. Review the Quality Improvement Tool for Review of Acute Care Transfers and SBARs for learning opportunities.

Leadership: Develop nurses as leaders. Use a short period at the end of clinical meetings to talk through dynamics with staff and ways to generate teamwork in care.

Step 6. Consistent assignment

When staff take care of the same residents, they will notice subtle signs early and can help prevent acute episodes through early interventions. They provide continuity of care from one day to the next so that interventions are consistently in place. Staff who know they are counted on and valued, stay.

Step 7. Use to attract and keep high caliber staff

Identify which of your staff meet these three key criteria:

- warm and friendly
- dependable
- good clinical skills.

These are your ***triple crown winners***. Let these high caliber staff know you appreciate them.

Tap them to attract other high caliber staff. Feature them in your ads. Ask them to refer friends. Have them speak at nursing schools and CNA schools.

Step 8. Innovate

As staff become more astute, they will bring innovative ideas for interventions. Support them and they will grow in their abilities and engagement. This may mean adjusting systems to provide more flexibility in care, such as having an easier way for meals to be provided over a longer period of time so that residents can sleep later. Our current systems of care may seem institutionally efficient, but they often create iatrogenic problems – such as rejection of care for residents gotten up too early. Support staff to adjust to residents' routines.

Step 9. Connect the dots

Update care plans and CNA assignment sheets on the spot during a conference room meeting or unit-based huddle. Include consistently assigned CNAs in care plan meetings so they can provide up-to-date information and be part of developing the plan of care. Take your quality oversight meetings out of the conference room into rounds where you meet directly with staff about the residents you are focused on.

Step 10. Take on Performance Improvement Projects (PIPs)

Use this communication infrastructure for any area of improvement you take on. Pilot PIPs where you have the strongest leaders and the most cohesion and stability. Have staff know what is being done, why, and what their part is in it.

- Round on residents involved.
- Start with the easiest and work toward harder situations.
- Have the innovation provide more benefit than burden.
- Use trial and error. Have the team check in frequently as they innovate.
- Pass information on using the white board and report.
- Ask about residents in a PIP during daily huddles.