 Improving Healthcare for the Common Good®

**IPRO Learning and Action Network**  
Learning Session Four

**Systems for  
Teamwork, Communication, and  
Collaborative Problem Solving**

September 17, 18, 19, 2013

Faculty:  
Cathie Brady & Barbara Frank  
[www.BandFConsultingInc.com](http://www.BandFConsultingInc.com)

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**LS 1 Content**  
Operationalizing and Maximizing QAPI  
People Development  
Promoting Good Sleep

**LS 2 Content**  
Staff stability  
Counting what matters– using data  
Hiring, welcoming, attendance

**LS 3 Content**  
A Positive Chain of Leadership

Please share with your tablemates  
any work you are doing in these areas

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**Two Goals for today**

- The Why and How of Systems for Communication, Teamwork, and Problem solving among staff ***closest to the resident***
- Use QAPI methods (as a good tool, and as practice)

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**Pioneer Network Incubator**

**Step One – Foundational Practices for Accelerated Improvement**

- Consistent Assignment
- Huddles
- CNA Involvement in Care Planning
- QI Closest to the Resident

**Step Two – Clinical Applications**

- Reduced Falls, Alarms, Antipsychotics, Pressure Ulcers, and Rehospitalizations

**Step Three – Individualized Care**

- From exception to organization-wide

*Toolkit with tip sheets, starter exercises, and media clips*

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Consistent Assignment [www.PioneerNetwork.net](http://www.PioneerNetwork.net)

Consistent Assignment Tip Sheet

Consistent Assignment Starter Exercise

Consistent Assignment Video Clip - Hear from the team at incubator home Cornerstone Care Options in Portland, OR, how they went from consistent assignment in theory to dedicated assignments in practice.

**Huddles**

Huddles Tip Sheet

Huddles Starter Exercise

Huddles Video Clip - Hear from the team at Glenridge Living Communities in Augusta, ME, how they use huddles for teamwork and problem solving to provide high quality individualized care.

**Involving CNAs in Care Planning**

Involving CNAs in Care Planning Tip Sheet

Involving CNAs in Care Planning Starter Exercise

Involving CNAs in Care Planning Video Clip - Hear from the team at incubator home Rose Villa in Portland, OR, how they involved CNAs in care planning and the benefits of doing so.

**QI Huddles Closest to the Resident**

QI Huddles Closest to the Resident Tip Sheet

QI Huddles Closest to the Resident Starter Exercise

QI Huddles Closest to the Resident Video Clip - Hear from two incubator home teams from Lutheran Senior Services in St. Louis, MO, how they use QI huddles involving staff closest to the resident to improve quality of care and quality of life outcomes for residents.

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**Key Systems Concept:**

Relational Coordination

*QAPI success depends on having systems to support high engagement and inclusion.*

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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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**The How of  
Consistent Assignments:**

*What's Needed for  
Consistent Assignment to Work*

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**Staff engagement in the process:**  
**NC DoN wanted to develop and engage CNAs and charge nurse in piloting improving consistent assignment so she had one CNA collect data on:**

*How many different CNAs  
is a resident receiving care from?*

**and another CNA collect data on:**  
*How many times are "consistent" CNAs  
moved to another assignment  
to cover an absence?*

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### How-to Basics for Dedicated Assignment

- A Good Process
  - Fair distribution of work
  - Matches work for residents and staff
- Charge nurse support
  - Adjust as needed
  - Support for residents staff find challenging
- Include nurses, housekeeping, activities, SW
- Revisit periodically for changes in census and staff

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### Process for Weighting and Balancing Assignments

Rate each resident on scale of 1 – 3 in each dimension – physical and non-physical factors

Resident	Physical	Non-physical	Total

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### An Option for Scheduling 4 on 2 off schedule

With an Even # of CNA assignments,  
**3 CNAs serve 2 resident assignments**

	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S
Maria	1	1	1	1	O	O	1	1	1	1	O	O	1	1
Jen	2	2	O	O	2	2	2	O	O	2	2	2	2	2
Ellie	O	O	2	2	1	1	O	O	2	2	1	1	O	O

David Farrell

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**Consistent Assignment:  
Implementation Issues**

How do you handle Burn-out,  
especially due to:  
Hard to care for residents/families

Tip: Team care

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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 Gittel  
Brandeis University

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**Dedicated CNAs Involvement in Care Planning**

- Hold care conference where CNAs can get to it
- Let CNAs know residents are in ARD window
- In huddle let CNA's know about care planning conference
- Have CNAs routinely share at shift huddles
- Guide CNAs on what to share
- Use non-technical language
- When CNAs raise issues, discuss and explain
- Follow-up
- TIP: Helps get you ready for QIS

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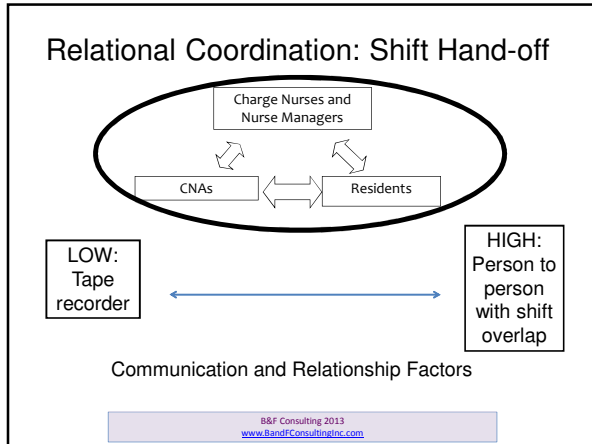
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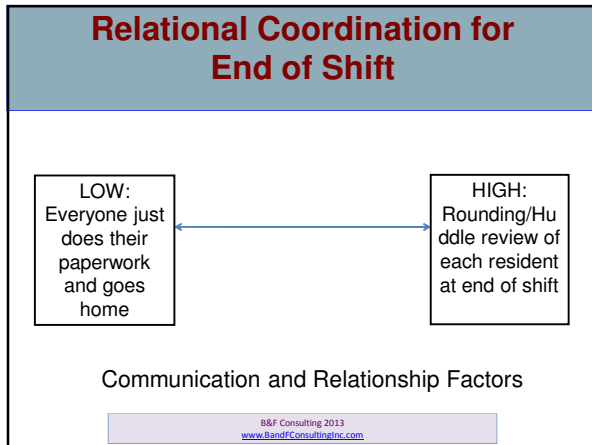
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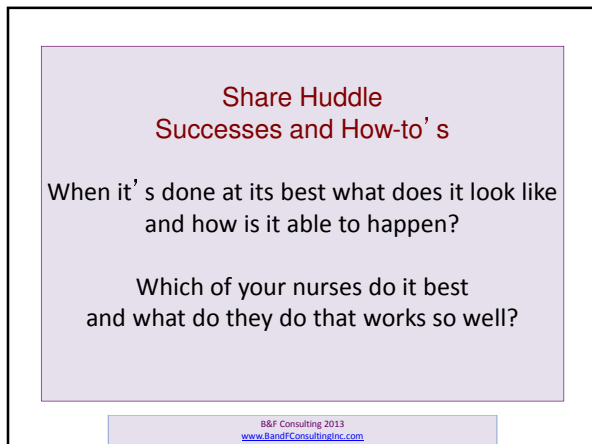
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 **Integrating the MDS 3.0 Into Daily Practice**

*Shift Huddle - at Glenridge Living Communities:  
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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 **Integrating the MDS 3.0 Into Daily Practice**

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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 **Integrating the MDS 3.0 Into Daily Practice**

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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 **Integrating the MDS 3.0 Into Daily Practice**

*Shift 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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 **Integrating the MDS 3.0 Into Daily Practice**

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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 **Integrating the MDS 3.0 Into Daily Practice**

- 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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### Developing Critical Thinking as an Organizational Norm

- Welcome ideas
- Appreciate divergent viewpoints
- Make it safe to be challenged
- Routinely seek participation when making decisions

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### Relational Coordination for Quality Assurance Performance Improvement

**LOW:**  
A few senior staff review data in the conference room

**HIGH:**  
Hands-on staff know their data and use just-in-time problem solving with help as needed

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### FROM Vicious Cycle of Instability TO Positive Cycle of Steady Improvement

**TIPPING POINT**

**Reduce Stress**

- Rounds to check in on people, not up on people
- All Hands on Deck
- Community Meetings

**Stabilize Staffing**

- Identify and support your best employees
- Improve attendance and schedule
- Hire for character and give new employees a good welcome

**Develop a Positive Chain of Leadership**

- People development
- Develop Nurses as Leaders
- Help people improve/hold people accountable

**Promote Relational Coordination and Critical Thinking**

- Consistent assignment
- Shift Huddles and Inter-shift communication
- CNAs active in care planning
- QI among staff closest to the resident

**Achieve Quality Improvement through Individualized Care**

- Transform from Institutional to Individualized Care Delivery Systems to support customary routines such as waking, sleeping, eating, bathing, and daily activity, to promote mobility and reduce psycho-active medication

The Cumulative Effect of Many Changes Addressing the Many Interrelated Root Causes

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**Contact Information:**

**Cathie Brady**  
[cbrady01@snet.net](mailto:cbrady01@snet.net)

**Barbara Frank**  
[bfrank1020@me.com](mailto:bfrank1020@me.com)

[www.BandFConsultingInc.com](http://www.BandFConsultingInc.com)  
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 **IPRO** Improving Healthcare for the Common Good®

**Pauline Kinney , RN, MA, LNHA, RAC-CT** Director, Health Care Quality Improvement Tel: (516) 209-5402 and Fax: (516) 326-0434 [pkkinney@nyqio.sdps.org](mailto:pkkinney@nyqio.sdps.org)

Senior Quality Improvement Specialists:

**Maureen Valvo, RN, BSN, RAC-CT**  
Tel: (516) 2095308 [mvalvo@nyqio.sdps.org](mailto:mvalvo@nyqio.sdps.org)

**David L. Johnson, NHA, RAC-CT**  
Tel: (518) 320-3516 [djohnson@nyqio.sdps.org](mailto:djohnson@nyqio.sdps.org)

**Dan Yuricic, MA**  
Tel: (516) 209-5458 [dyuricic@nyqio.sdps.org](mailto:dyuricic@nyqio.sdps.org)

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