

MAKING THE COLLABORATIVE CHANGE PACKAGE LIVE

**Moderator: Jackie Hairston
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Operator: Ladies and gentlemen, thank you for standing by. Welcome to the Making of the Collaborative Change Package Live. During the presentation, all participants will be in a listen-only mode. Afterwards, we will conduct a question and answer session. At that time, if you have a question, please press the 1 followed by the 4 on your telephone.

If at any time during the conference, you need to reach an operator, please press star 0. As a reminder, this conference is being recorded Tuesday, March 31, 2015. I would like to now turn the conference over to Ms. Jackie Hairston. Please go ahead.

Jackie Hairston: Thank you so much, (Wendy). And good afternoon to everyone and thank you for joining today, actually the fourth in our series of webinar preparation - webinars preparing you for the collaborative starting next month. Today's session we'll be looking at the collaborative change package. As the operator did say, the line will be muted during the cal.

We will have a Q&A session at the end. But we do have the chat function that you can use to pose a question or make a comment during the webinar. And

we will certainly recognize that and acknowledge that during the call. So let's go ahead and get started. So the collaborate change package is another tool that will be available to all collaborative participants. And this tool has been provided to us from Medicare, centers for Medicare and Medicaid services for us to use.

So what we're going to do is really look at how this document can be used and how you can bring it to life. Thank you. So our objectives for today are there on the screen. We're going to look exactly what is the CMS collaborative change package. What are the strategies that are in this change package? And how can we implement this change package and make it a part of our day-to-day workings and processes within our facilities?

So what is the change package? Well, the change package has focused on successful practices identified from high performing nursing homes. And during the last contract cycle, CMS went across the country looking at what are high performance nursing homes doing. And pulled and put all of these strategies into one package.

So what the change package is, it's really a menu of strategies, change concepts and actionable items that any nursing home can choose from to begin testing to start making improvements in the care that their providing or in also improving the quality of life for their residents. What you see here on the screen is the front cover of the updated change package hot off the press as of Friday.

So you guys are getting the first peak at it. And what they have done is they've added a few items that weren't there the last time. We now have you'll find in that change package, they'll be a template there for when you want to or need to share your success story with the rest of the collaborate,

some of the key points to include in your story. There is also a bundle of interventions there to help you look at reducing anti-psychotic medications in your dementia population.

There's also a section there that will - that addresses promoting resident mobility and also an attachment that will focus on preventing healthcare acquired infections. So all of the teams that are participating in our collaborative will be getting a copy of this change package. The change package is divided up into seven strategies, seven key strategies.

And each strategy has about four what they call "change concepts." So what I'm going to today is I'm going to first give you an idea on what the key strategies are. And then we're going to look at how you can actually apply this at the facility level. So Strategy 1 has to do with leading with a sense of purpose.

And this is where it really is focused on your leadership, the values and the mission statement and the culture of your organization. And again, could be your leaders are the ones that set the expectations for the facility. So leading with a sense of purpose is one - Strategy 1. Strategy 2 is recruiting and retaining quality staff.

And a quality driven nursing home identifies and develops great talent and whatever the discipline they serve. So by setting high expectations and fostering and in a firming culture, you help to create and nurture caring staff that hopefully fit into your organization's mission and value and culture. And then of course, you have to cultivate that longevity by providing a supportive work environment.

Strategy 3, connecting with the residents and the celebration of their lives. The focus here is on keeping residents active in their families' lives as much as possible and in the community. And according to the resident's preferences. And then of course at the end of their lives, celebrating the life and honoring the resident in the life that they lived.

Strategy 4 has to do with nourishing teamwork and communication. And teamwork and communication amongst staff and between staff and residents again is nourished by disseminating information in a complete and consistent and timely manner. Strong communication links people and it builds relationships between staff and residents.

And like I said, I will show how this can be incorporated into your daily work. Strategy 5, be a continuous learning organization. This is the strategy you think the QI process to identify strength and weaknesses, making changes using data to drive decisions. And all of you that have joined the collaborative are implementing this strategy whether you thought of it in this way or not because all of you are using data to drive your QI decisions and to track your progress.

So keep in mind, you've already started on Strategy No. 5. Strategy No. 6, provide exceptional, compassionate clinical care that treats the whole person. This requires an engaged and competent medical and care team that really looks at managing the resident's changing health conditions and avoiding the healthcare acquired conditions that this collaborative is working to eliminate.

And Strategy 7 is looking at constructing a solid business practices that support your purpose. It looks at ways to effectively manage that bottom line with integrity and with the resident as the focus. Its' running efficient operations, investing in equipment and supplies that provide the highest

quality care. And it ensures that you have a physical and outdoor environment that's comfortable and inviting.

So these are the seven strategies that makeup the change package. But like I said, within each one of these strategies, there is - there are four key action change concepts. And each of those change concepts have specific actions that you can pick and choose to be a part of your QI plan. So to make this hopefully make a little bit more sense, I'm going to take each one of the strategies and one of the change concepts and look at how you can apply it if you were looking at making changes in your - say your pressure ulcer preventions protocols and also your or your UTI protocol.

So let's see how this'll look. So Strategy 1, leading with a sense of purpose. One of the change concept that I selected here was be the leader you would want to follow. Like I said, there are three other change concepts. And you'll get to see all of them when you get the actual change package in your hand. But I chose be the leader you would want to follow.

And I'm using pressure ulcer for an example. So to be that leader, this could be someone that routinely spends time in the neighborhoods or doing all the shifts. This is a leader that takes notice of residents' positions. This could be a leader that also observes if fluids are being offered or actually offers residents fluids as appropriate.

This person talks with residents and families. This leader ensures staff has supplies and resources needed to provide adequate skin prevention treatments. This leader would walk through and notice if there were any smells of urine or a feces in the facility. This leader might even attend shift report. So these are just how - some of the things when you're putting these action items into practice that you could do or that leader could choose to do in order to be

made more visible within the facility and give the impression, “Yes, leadership is very interested in the day-to-day workings of your job.”

Strategy 2, recruit and retain quality staff. The change concept I selected here was set high expectations and support success. Using urinary tract infection as the topic example, part of setting high expectations, ensuring competency of new employees. That would involve proper perineal care, accurate completion of bowel and bladder diaries, when and how to test for a UTI, signs and symptoms to report.

Those are all things that you would want to make sure new employees had to make sure they could do the best they could do. Developing cross training across departments so that all staff can provide toileting as appropriate. And when we say all staff, that’s from the top to your direct care givers as well as possibly your housekeeping.

So again, these are strategies that facilities have used across the country to help them reach their high performing status. And if you have any questions as I’m going through, don’t hesitate to put them in chat so you can get your questions answered. Strategy 3, connecting with residents and the celebration of their life.

The change concept I selected here was fostering relationships. The topic, pressure ulcer. So, how could this be done? Well, you could promote and encourage independence and family involvement in pressure ulcer prevention strategies, keeping your families educated about what you’re doing to prevent pressure ulcers for their loved ones. Providing them with training on maintain nutrition and hydration and incontinence.

Implementation of consistent assignments so that your CNAs do get to know their residents. Inviting family members to activities and therapy sessions to help promote increased participation and mobilization. Encourage visits during mealtime. Families can assist with feeds as appropriate to kind of encourage the consumption of their meals.

Just a few examples of how this strategy would look if you were revamping say your pressure ulcer protocols. Strategy 4, nourishing teamwork and communication. And the change concept here that I selected was expect and support effective communication with staff and between staff. So, how would this look if we're doing urinary tract infection as our selected topic?

Well, ensure that the plan of care to prevent UTIs is communicated to all staff. Individualize toileting program, the products that you're going to be using, the symptoms to look for. You want to have a formal method for communication for shift to shift report. You know you want to make sure the last time they were toileted is mentioned.

Any outstanding UTI labs. You know their bowel and bladder history. And then you also could include is making sure that staff knows what to report immediately to the supervisor. Again, blood in the urine, no urination for over five hours, complaints of pain in the back. So that's how you can incorporate that communication piece. And if you were looking at enhancing communication as one of your changes that you wanted to put in place.

Strategy 5, be a continuous learning organization. Like I said, that's the one that all of you on this phone have elected to become. And I selected the change concept for track your progress since our last webinar was talking about tracking progress. And again, an organization that wants to be continuously learning about themselves, they do look at you know what is the

in-house acquired pressure ulcer rate? What do your Kasper reports look like?
You know you set goals.

And all of you will be sending in your goals to me shortly to identify what it is that you do want to improve and how much do you want to improve And you openly share those - that information with your staff. You share it with the board members. You share it with residents and families so that everyone knows exactly what is - what the progress is at your organization.

Strategy 6, provide exceptional, compassionate clinical care that treats the whole person. And the concept selected here for the example is strive to prevent problems and treat when necessary. So looking at urinary tract infection as your topic, you would want to of course be collecting data information regarding hospital admissions and readmissions are related to UTIs to get an idea on the magnitude of the problem.

You may have to conduct a root cause analysis to actually see why are folks going out to the emergency room for UTIs. You want to also have some type of standardized communication tool so that you can clearly communicate problems or changes before they become that problem. And some of you may be familiar with SBAR communication tool. Or you may be using Interact which is another tool that helps communication.

The (MiGear) guidelines that are out there to help identify infections that need to be treated is a tool that physicians find very helpful. So again, when you're looking at striving to prevent problems, you want to put in all of those steps that will help kind of head off a problem or identify a problem before it becomes a problem. Or I should say maybe identify a change in the resident's status before that change becomes a more serious problem.

And then Strategy 7 is constructing solid business practices that support your purpose. And the concept that I selected here was seek strategic and creative approaches to expand your resource space to meet your mission and serve your residents. And using the UTI example is marketing. You know that is kind of your biggest tool to be able to market what you do well.

Market you know what your specialty is. Whether you know you want to identify that you have as the example here is talking about an individualized, dignified incontinence prevention and maintenance management program. If that's a strength that you have, you want to market that to the community. You want to market that to your referral sources using newsletters.

You know that's another good way of communicating what is going on at your facility that you want the community to know about in your - you want your business partners to know about because you want to be able to market your strengths to help bring in new business into your facility. So in summary, a change package is a listing of essential changes needed to get good results.

It's a menu of options from which to select specific interventions. Many of the interventions that I went over even here on this call are not new. Many of you may already have them in place. The challenge is being consistent in carrying out your action items so that it does impact the reductions of your UTIs, your pressure ulcers, your falls, you know you're inappropriate anti-psychotic use as well as helping you to maintain those organizational measures as well which is stabilizing your staff, consistent assignment or reducing hospital readmissions.

So the takeaway that I want you to leave with today is identify your clinical topic of focus which many of you I know are already doing. Select a strategy. Then select a change concept on an action item and start those plan, do, study

act cycles that we talked about a couple of weeks ago. So I want to ask the operator to remind how you can get in the queue for questions. We do have a few minutes if there are any questions. And I'm looking in the chat. I'm not seeing any or I thought I saw one.

The operator has also put up the polling questions. And there is one question. Would a facility that successfully implemented non-nursing staff assisting with resident toileting share their guidelines? And that's a comment or a request from (Mary) - (Mary Grenier) is at the Washington Home. So she's asking the group if you have - if there's a facility out there has successfully implemented using non-nursing staff to assist residents with toileting.

If they could share their guidelines. So (Mary), I guess maybe if there is - probably if folks could send that to me. And then I would certainly put that out to the group and make sure that (Mary) gets that. That's a request that (Mary) has put out there. So if anyone has guidelines already for using your non-clinical staff to help residents, please share them.

Operator, do we have any questions in the queue?

Operator: Ladies and gentlemen, if you would like to register a question via the phone, please press the 1 followed by the 4 on your telephone. As a reminder, to register a question press the 1 followed by the 4. I have no questions.

Jackie Hairston: Okay. Alright. Well, a quiet group. That's certainly okay. Well, just as a reminder, this is the final session in our collaborate preparation. I will as I have been email today's PowerPoint presentation to everyone that was on the call today. And all of the tools that we have discussed on the webinars and on the team conference calls will be made available to you on a CD which will be distributed at our first learning session on April 22.

But of course, if you have any questions in the meantime, do not hesitate to give me a call. You have my contact information. And I want to thank all of you for participating on the call today. And that ends our call.

Operator: Ladies and gentlemen, that does conclude the conference call today. We thank you for your participation and ask that you please disconnect your line.

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