HOT TOPICS

Welcome
to today's webinar

Pioneer Network™

CULTURE CHANGE in ACTION WEBINARS

Growing Person-Centeredness

SEPTEMBER 19, 2019

Watch-list Huddling: A High-engagement Proactive Quality Practice

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Watch-list Huddling
A High-engagement Proactive Quality Practice

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Objectives

1. **Define and discuss watch-list huddles and their critical elements**
2. **Apply watch-list huddle knowledge to participants' own goals and situations**
3. **Create watch-list huddle implementation action plans**

What VA CLC Staff Are Saying About Watch-List Huddles

- "We've definitely seen our falls reduced. Our approach to falls has been completely different…our whole facility has noticed and we're all pretty excited about it. Didn't take long either."

- "Watch-list huddles saved our team."

- As leaders, "We're now more aware of everyone being equal." We appreciate and value more the contributions of each staff person. "Our working as a team modeled teamwork for the rest of the staff." We're not afraid of "team members taking the ball," particularly nurse managers.

CONCERT
Supporting CLCs
Improving Quality

CLCs' Ongoing National Center to Enhance Resources & Training

Mission: Support QI processes that connect and involve *all* CLC (Community Living Center) staff – guided by principles of relational coordination and person-centered care – prioritizing use of frontline staff huddling practices

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Today we will be focusing on a QI strategy that will help your facility in two areas:

1. Residents who have already triggered for QMs and need extra attention

and

2. Preventing Avoidable Declines for Residents at Risk

A Front-line Watch List Huddle
will change your process map so that:

Everyone knows that there is a plan.
Everyone is a part of the plan.
Everyone knows their part.
Cycle time is reduced.

Cycle Time

- Cycle time is the process time, during which an emergent issue is acted upon to bring it closer to a positive outcome, and delay time, during which time is spent waiting to take the next action.

Emergent Issues – Cycle Time

Too Long cycle time	Short cycle time
• Housekeeper sees resident is short of breath and hesitantly approaches nurse. She is too busy	• Housekeeper sees resident is short of breath • Knows what to watch for because he was in morning huddle with watch list
• Other staff – NA, food service - notice more symptoms as day goes on but can't catch the nurse	• Tells nurse
• NA documents resident ate less at breakfast and lunch	• Nurse assesses resident, orders test, confirms pneumonia, starts treatment
• Next day, nurse sees resident is in distress, sends to hospital	• By next day resident is starting to feel better

Which scenario
is more likely to happen
in your organization?

Does it differ by neighborhood, shift, day?

A Watch List includes

1. Residents you and your staff

are worried about
(those who keep you up at night worrying)

2. Residents who are at risk

3. Residents you want to get everyone's attention focused on

Creating your Watch List

- Who are you worried about?
  - Fragile, complex
- Who are your staff worried about?
  - Emergent issues, early warning signs
- Which residents are triggering for QMs?
- Who are your new admissions?

Brainstorm
What Situations Warrant Being Put On The Watch List?

- What conditions require watching, teamwork, escalating care?
- Examples:
  - Falls
  - Newly admitted residents; or just back from the hospital
  - Anyone triggering for multiple quality measures
  - Anyone with change in condition or mentation or Significant distress/distressing behavior
  - Anyone you're changing meds on
  - Actively dying
  - On Coumadin
  - Seasonal such as during high pollen times, respiratory issues

Stop and Watch
Early Warning Tool

INTERACT®
Version 4.0 Tool

If you have identified a change while caring for or observing a resident, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

S	Seems different than usual
T	Talks or communicates less
O	Overall needs more help
P	Pain – new or worsening; Participated less in activities
a	Ate less
n	No bowel movement in 3 days; or diarrhea
d	Drank less
W	Weight change
A	Agitated or nervous more than usual
T	Tired, weak, confused, or drowsy
C	Change in skin color or condition
H	Help with walking, transferring, toileting more than usual

☐ Check here if no change noted while monitoring high risk patient

Patient / Resident

Use what staff know

When you use what staff know,

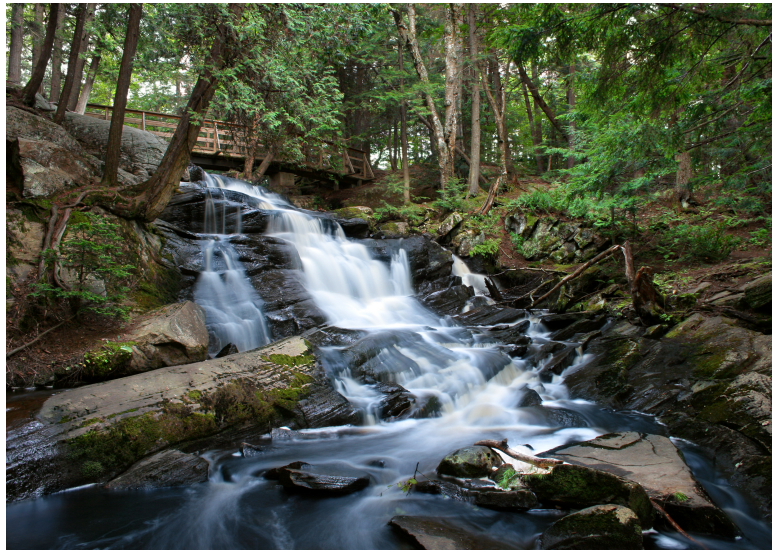
you are telling your staff that

what they know is important.

And it is.

Characteristics of the Watch List

- A watch list should be kept to a manageable size of 3-8 residents
- A watch list is a “fluid list” that changes all the time



Watch List Huddle Components

- 10-15 minutes
- Conducted daily (Ideally)
- Huddle participants should include:
  - NAs
  - Housekeeping
  - Nurse Managerss
  - Physicians/Nurse Practitioner
  - Interdisciplinary team members
  - Food and Nutrition

Discussion for Each Watch List Resident

- What concerns you about this resident's status/situation?
- What should everyone look out for?
- What should staff let other staff know about?
- Updates on test results, action items, how residents are doing
- What are contributing factors to their being at risk?
- How are those factors being addressed?
- What are next steps?
- Just in Time Teaching

Just In Time Teaching

- Give short description of the disease or condition
- Review of how to escalate care in response
- Say what to look for
- **Ask what the staff are seeing**
- Say what to do if condition observed
- Say what communicate to others

Keep It Under 2 Minutes

In your huddles
Use what works!

- **Focusing on what works is called**

Positive Deviance
aka Bright Spots

- **Ask in a go-round:**
- ***Who has had a success with this?***
- **Or *What works for you?***

Whole Person Discussion Points

- Who is this person? What is this person proudest of in life? What gives this person's life meaning? What does this person enjoy doing? Are they doing those things now? Why not? How could that change?
- What is their baseline?
- What were they like when they first came in?
- What are their customary routines now? before they lived here?

Barriers to Implementation

- Buy-in
- Staff Silos
- Inconsistent assignment
- Huddle goes too long
- Huddle doesn’t start on time
- Lack of visible leadership involvement and mentorship
- Not hearing from front-line staff

It's not just what you do
but <u>HOW</u> you do it

Good huddles depend on good facilitation.

Facilitation is a skill.

Skills improve with knowledge, practice, feedback, and support.

Facilitation of Huddle

- In the beginning the facilitator needs to be in a leadership position (DoN and/or unit manager)
- However the goal is to train frontline nurses to lead the huddles
- Mentor nurses. Provide support and feedback.
- Leaders need to continue to regularly attend huddles, to mentor facilitators, to communicate huddle importance, and to monitor huddle quality

Huddle Facilitation Skills

- Be on time
- Keep it short
- **Hear from everyone** (“*you work with him everyday, what do you see*?”; use *go-rounds*)
- Probe (“tell me more”)
- Redirect diversions (don’t chase the rabbit; use a “parking lot”)
- Be the guardian of the process
- Appreciate relevant information
- Create a small action plan

Remember your Watch List is used in partnership with your QM's, and goes beyond your QMs.

QMs are after the fact.
A Watch List is proactive.
A Watch List helps you focus on people *at risk* for triggering QMs.

Watch List Huddle Examples From 2018/2019 VA Community Living Center Implementation

A Range of Ways to Have Watch List Huddles

- Getting started
  - Most CLC's started small with one or two units and implemented
  - Started with one neighborhood, day tour
  - All shifts began at same time- doing at change of shift, limit to 10 minutes, break room, use dry erase board
  - Started with evening tour
  - Started with a pilot on dementia unit- located in break room. Started with flip chart. Progressed to binders –staff writes information that comes up on their shifts.
- "Huddle board" variety:
  - white board
  - foam board with post-its
  - huddle notebook with sign-in sheet-reviewed by off tours (rolling log), large self-stick easel pad
- "Huddle board" content
  - Names of residents
  - Brief notes of new concerns/questions/observations as they come up (especially from off-tours)
  - Small action plan & who is responsible for each part

A Range Of Ways To Have Watch List Huddles

- Time ranged from 10-20 minutes
- Frequency variety:
  - Nursing staff huddle every day with physician/nurse practitioner, then huddle once a week with extended inter-disciplinary team
  - Twice weekly Huddles, started with day shift.
  - Everyone huddles every day
  - Day shift huddles at change of shift with evening shift, evening shift huddles with evening shift (not every day)
  - Physician came in at 7am to meet during night & day shift huddle together
- Location variety:
  - Nurse's station
  - Break room
  - Hallway with eyeline to nurse's station but able to talk quietly without being overheard by residents
- Facilitation variety:
  - Nurse manger facilitated
  - Showed & demonstrated back -- Lead Facilitator and Co-facilitator in Training
  - Huddle leader rotates each time-volunteer

Keys to Success (and why)

- Front-line staff involvement- staff buy-in with process & tap into their knowledge (closest to resident)
- Round robin to include all staff – allows staff to participate & provide information that otherwise would have been missed
- Action assignment in real time- quick response for problems
- Multi-disciplinary involvement including housekeeping (all disciplines on the neighborhood beneficial)- unexpected information received, reduce response time for interventions
- Just-in-time staff education (2-minute education from clinical staff on applicable issue)
- Use of the all about me tool
- Consistent communication
- Take whole person approach – not just clinical info
- Use critical thinking
- Start small, pilot test, not all at once – learn from experience

Success Stories

- Nurse Assistant report progressive weakness- Veteran found to have UTI
- Housekeeping reported colored sputum on the floor (far side of bed where it was not visible) – Resident with corona virus received prompt intervention
- Implementation of 4 hour rounding to eliminate bed alarms
- Resident upset when TV/music abruptly shut off for therapy-behavior discussed. Found an alternative for him to watch on a computer

Success Stories

- Veteran reported decreased appetite – labs ordered and UTI identified
- Resident had been a night shift worker – food made available during his awake time (“lunch boxes”)
- Staff reported lack of engagement by a Resident in rehab – need for pain medication identified and Resident now participates
- Resident developed laundry-detergent rash – discovered sheets were culprit, made real-time plan for new process for his sheets

Advice to Others

- Start small
- Limit discussion to the issues- reason why Resident is on the Watch List Huddle
- Staff encouragement for a job well done
- Use the All About Me tool to make it person centered
- Everyone is on an equal level- feel free to remove lab coats and name tags
- Use quality measure information to show that it makes a difference
- **These huddles will take longer in the beginning, because you have a lot of information to share. As you have these huddles regularly, they will take less time, because not everyone will be new to the list. Also you will *all* get better at doing it.**

Create Your Implementation Action Plan

- Use the information from preceding slides to present the why, what, and how of watch-list huddles to *everyone* – leadership, administration, clinical staff, inter-disciplinary staff, front-line staff
- Gather input from everyone about best neighborhood to start, frequency, best time of day, huddle board ideas, location ideas
- Decide on best place to start *(where will you have best chance of success?)*
- Set schedule – date, time, place to begin
- Who will facilitate the huddle?
- How will you engage *all* staff?
- How will you involve inter-disciplinary team?
- How will you make sure you are huddling around those closest to the resident (e.g., nursing assistants)?

Create Your Implementation Action Plan

- What kind of “huddle board” will you start with? *(better to start now with a make-shift board than to wait on something fancy)*
- How will you make sure you are monitoring the progress of the watch-list huddle in a real-time way so that you take advantage of trial and error learning to make changes as needed?
- How will you address challenges that come up?
- How will you decide when you want to spread to other neighborhoods/shifts?

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QUESTIONS

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Sharing the Vision

OCTOBER 24, 2019

Breaking Through Dementia: Validation

Guide: Vicki de Klerk-Rubin


Envisioning the Future
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