Engaging Staff in Individualizing Care

SERIES 4

Reducing Anti-Psychotics Through Individualized Care – Medical Perspectives and Case Studies
Webinar Ten: Promoting Mental Health Through Team-based Individualized Assessment and Care Planning

Facilitator's Guide

How to Use this Guide:
This guide offers learning material that can be used in part or whole, depending on the needs of the group. Each section after the Introduction can stand alone.

Teaching Method:
The guide includes opportunity to stop the webinar for a small group discussion and learning experience for participants to apply what presenters have said to the their own experience. Adults learn best through applied learning so the guide's learning experiences support reflection and time for participants to think about how to use what they have learned.

Background:
This webinar series supports nursing homes to engage staff closest to the residents in problem solving for better outcomes. It applies a core principle of quality improvement – results depend on systems, and systems depend on the relationships among those involved in the systems. This is called *relational coordination.* To be most effective, assessment, care planning, and quality improvement systems need the information and ideas from the staff closest to the residents to guide and document delivery of care.

The webinar series was part of a core curriculum used by forty-nine nursing homes who participated in the Pioneer Network's National Learning Collaborative on *Using MDS 3.0 as the Engine for High Quality Individualized Care.* Using B&F Consulting's method for activating high performance, the homes incubated four systems to strengthen their working relationships - consistent assignment, huddles, involving CNAs in care planning, and QI closest to the resident – and, as a result, reduced falls, alarms, pressure ulcers, hospitalizations, and antipsychotic medications The webinar series guides homes through B&F Consulting's 3 step method: (1) strengthen relational coordination systems, (2) apply systems to priority clinical areas, and (3) use staff's knowledge of residents to individualize care to improve outcomes. The webinars feature nursing home teams sharing how they use relational coordination to improve outcomes.

For the collaborative's free Starter Toolkit on *Engaging Staff in Individualizing Care* go to www.PioneerNetwork.Net

A word about language:
You'll notice that as the staff tell their stories, their language is sometimes less person-directed than their actions. Explain this to participants and use any examples from their language that provide learning opportunities.

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FACILITATOR INSTRUCTIONS

MATERIALS NEEDED:

Hand-outs:

  a. PowerPoint slides from webinar
  b. Fishbone Worksheet
  c. Carboni Article
  d. Carboni worksheet
  e. Maslow worksheet

Opening Process and Explanation:

Mix the group so that people sit with people other than their co-workers. While people might have some initial discomfort, they will benefit from talking with people they don't usually work with and will learn new ideas they can bring back to co-workers.

If people don't know each other, to get more comfortable sharing, ask participants to spend the first few minutes in a go-around sharing who they are, where they work, what their position is, and how long they have worked there.

Introduction to the Topic: *Promoting Mental Health Through Team-Based Individualized Assessment and Care Planning*

Time: 5 minutes

Content: Explain the following to your group:

This webinar builds on Webinar 9 in which Dr. Allen Power and staff from Windsor Health Care described how they eliminated anti-psychotic medications for 55 out of 57 residents living in their dementia care area, by coming to know residents' customary routines and understanding how to meet their needs. Dr. Power talked about needs far deeper than physiological needs such as hunger and pain. He described core human needs related to a sense of belonging and well-being and cautioned that if we don't relate on that human level, we will miss many of the needs being expressed behaviorally.

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In this webinar, we find a similar theme applied primarily to people with mental illnesses. Just as Windsor Health Care described in Webinar 9 how people's distress eased as soon as the staff started supporting residents to follow their own natural rhythms and being mindful of relieving environmental stressors, so too, you will hear today from staff at five SunBridge homes in Massachusetts how their residents' distress eased through similar processes.

While you won't hear references to the formal assessment and care planning process, what you will hear over and over again is staff saying that the key is to know the resident, know their customary routines, individualizing the approach. You'll meet Roger Neil and Loretta Martinez, both of whom spent many years living in nursing homes and being sent to the hospital because of "violent" episodes, who are now thriving…because staff came to know and understand them. Once they were able to trust that staff were really in their corner and would take them seriously, they no longer resort to throwing trays or cussing to get people's attention.

When we understand what residents are communicating, we can meet their needs instead of escalating their sense of crisis. Agitation means "Help Me!" while aggression means "STOP!" Geriatric psychiatrist Susan Wehry explains the meaning behind behaviors and the organizational practices, such as consistent assignment, that help staff build the relationships with residents necessary to understand and respond to this communication.

Staff and residents from Sunbridge nursing homes in Massachusetts describe how they use five key principles to promote well-being and alleviate distress for their residents with mental illness. These principles are: (1) **Person Centered:** Care based on the person, their likes, dislikes, hopes and dreams; (2) **Strength Based:** Care based on what a person can do, not on what they can not do or what disease they have; (3) **Recovery Based:** Living each day to the best of their abilities; (4) **Meeting Needs:** All behavior is a form of communication, and (5) **Group Programming:** Skill based groups that give the resident the skills they may need. Laurie Herndon will share how these principles have been used successfully in wide range of homes across Massachusetts.

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Learning Experience # 1: Sharing Experiences in Reducing Anti-Psychotic Medications By Individualizing Care and the Environment

Time: 30 minutes

At the webinar 9 group viewing, participants were encouraged to use the 5 Whys to analyze the use of anti-psychotic medications for one of their residents and then to consider an action plan to reduce their use. Prior to viewing this webinar, draw on that experience to set the stage for the day's learning.

Process:

At each table, ask anyone who has undertaken efforts to reduce use of medications by individualizing care or the environment to describe their experience – what they did, what were the results, what did they learn. (Consider making a PPT slide with these questions on it.)

Open room-wide sharing with special attention to how-to's and lessons learned.

Discussion:

Highlight themes you hear about individualizing care, working things through together with staff, results.

Also be alert to challenges people are facing and seek open discussion about these challenges. Keep bringing people back to the critical thinking and root cause analysis.

A caution is that if they remove anti-psychotic medications without putting in place the supports to individualize care and services, they may be creating a stressful situations for their staff who are left without options for meeting residents' needs. Remind them that a key for Colleen was being able to offer Midnight Snacking. If she hadn't been able to, she wouldn't have been able to meet Michael's needs.

Close:

What you'll hear in today's webinar is that if you individualize your approach and understand each person's needs, residents will no longer need to escalate their communication into aggressive or agitated behaviors. It's as simple as that, and as challenging as that, because it calls for a transformation from institutional systems of order to customized, individualized routines.

Show First Half of Webinar. It includes several video clips and an audio clip of residents and staff from SunBridge. Alert the audience that because they are not professional speakers, they are sometimes a little hard to understand. (30 min)

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Learning Experience #2: Fishbone: External Causes of Distress

Time: 30 min.

Materials Needed:

∞ Hand-out: The Fishbone Worksheet

Content:

The essence of today's webinar is that all behavior has meaning. Agitated or aggressive behavior is a communication of distress. Dr. Wehry explained that aggression means STOP and agitation means HELP. She, and the staff and residents at SunBridge explained that when they built trust with each other, residents had other ways to express their needs. The staff came to understand that it is easier to change their behavior than to try to change their residents' behaviors. They cautioned not to dismiss people's behaviors as a manifestation of their mental illness or dementia, and instead, to understand what is being communicated. This is actually a radical shift in thinking – away from the belief that behaviors are arbitrary and internally generated and into understanding that behaviors are directly linked to external factors. Therefore, removing the external cause is what alleviates the behavior. This exercise explores this idea in relation to what they heard on the webinar and their own experience.

Process:

Explain how the Fishbone works. At the "head" of the fish is the topic at hand. How you name a problem shapes how you think about it. There are two fishbones. In the first, the head is residents' distress. Note that we use this instead of residents' behaviors, because that immediately shifts our thinking from stopping the behavior to eliminating the distress. The second has at the head, residents' well-being. We will do this exercise once with each version.

The scales of the fish list 6 categories to consider in looking at potential causes of distress or well-being:
∞ Environment
∞ People
∞ Systems and Processes
∞ Equipment
∞ Schedules
∞ Other

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Have each table:

1. Complete the fishbone, identifying causes of distress in each category.

2. Discuss: How can you alleviate any of these stressors?

3. Now complete the second fishbone, identifying causes of well-being in each category.

4. Discuss: How can we maximize these contributors to well-being?

Open room sharing, underscoring the theme that many factors are within our control to change. Encourage them to use this exercise back at their homes.

Return to webinar:
Listen to Susan Wehry, MD explain the relevance of Maslow's Hierarchy of Needs, and SunBridge staff give more examples of how responding to these needs relieves residents' distress. (15 min.)

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Learning Experience #3: Maslow's Hierarchy of Needs and Carboni's Importance of Home

Time: 30 minutes

Materials Needed:

- ∞ Maslow Worksheet

- ∞ Carboni article and worksheet

Process/Content:

This exercise has two parts:

1. Explain Maslow's Hierarchy of Needs because some people in the room may not be familiar with it. Have people use the Maslow worksheet to identify ways that the staff at the SunBridge homes met residents' needs at these different levels. Have them share ways they meet each of these levels of needs in their own homes.

2. Review Carboni's research about the psychic despair experienced when people feel homeless and what the key elements of home are. Have people use Carboni worksheet to identify ways to support residents' sense of being at home.

Have open room discussion about what struck people in doing these exercises.

Underscore the notion, once again, that changes they make in response to residents' core human needs for well-being can dramatically prevent and alleviate residents' distress.

Return to webinar: This next section is a mix of video and audio. The SunBridge team describes how they work as an interdisciplinary team. Laurie Herndon describes how nursing homes across Massachusetts have had success with this approach of knowing the person and understanding the meaning of their behavior. Dr. Wehry recaps that if we individualize care and support well-being, we won't cause the stresses that come out in behaviors that we now medicate. Donna Howie summarizes the key elements of their approach. And Roger Neil and his caregiver Angela talk about how they walk in each other's shoes and get through by being in it together. **(20 min.)**

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Learning Experience # 4: Taking it Home

Time: 15 minutes

Materials Needed:

∞ Fishbones, Maslow Worksheet, and Carboni Worksheet

Process/Content:

We have more chance of applying what we learn if we have time to plan how to use the information, before we get back to the hectic pace at work.

Have each group:
1. Debrief on what each team member learned from sitting with others

2. Identify potential areas for action from the fishbones and the other worksheets

3. Choose some good places to start – that have high impact and are easy to do

4. Make an action plan

Have sharing among teams about how they are thinking of proceeding

Open this up for a discussion in the whole room.

Conclude the session by reemphasizing that basic organizational practices: consistent assignment, huddles, CNA involvement in care planning, and QI among staff closest to the resident are the keys to success.

The next webinar series shows how all these practices come together.

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