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.

FACILITATOR INSTRUCTIONS

MATERIALS NEEDED:
Hand-outs:

a. PowerPoint slides from webinar
b. Organizational Practices Self-Assessment

SPECIAL NOTE:
This last series brings the collaboration to a conclusion. Exercises are structured to: (1) ingrain and sustain gains and help participants maintain their new relationships with each other by being able to call on each other after the group viewings end; and (2) bridge to continuous improvement in ways that help homes meet the upcoming QAPI (Quality Assurance Performance Improvement) requirements through the organizational practices they have adopted in this collaborative. ***If you are showing this webinar as a stand-alone, you will need to adapt this guide to your group's needs.***

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.

Tell people they'll regroup with their team at the end, to reflect on what they heard and discuss how they can put new ideas into action. **This ingrains and sustains the gains.**

Intro to Topic: *It Takes a Team to Provide High Quality Individualized Care*

Time: 5 minutes

Content:
In today's webinar, "It Takes a Team to Provide High Quality Individualized Care," we hear results from incubator homes participating in the National Learning Collaborative on Using MDS 3.0. We are excited to be able to have participants in the group viewings share experiences as well. All the group viewings are culminating with this last webinar. We can all share and celebrate lessons and experiences.

The Goals for this session are to:

- Share, reflect on, capture, and celebrate successes
- Link work to operationalizing and maximizing new Quality Assurance Performance Improvement (QAPI) protocols
- Identify best practices in high involvement performance improvement for QC+QL
- Serve as a springboard for continued progress

The foundation of this work is improving individualized care through consistent assignment (where CNAs develop relationships and really know residents) and then translating that knowledge to daily operations by increasing communication through huddles, involving CNAs in the care planning process and incorporating CNAs into Quality Improvement efforts that happen on the spot to problem-solve for residents just when they need it most.

Our hypothesis going in was that these practices provide a framework for high quality individualized care that translates to improved quality and efficiency outcomes. The homes in this webinar give testimony that this has indeed happened. They report that through these practices, they provide better quality care more efficiently. You'll hear in each home's story that the homes found all of the relational coordination practices so interwoven together, that it was difficult to isolate clips about just consistent assignment, care planning, huddles or QI so you'll hear those connections as you listen.

But first, we'd like to start our group viewing time by having you all share your own experiences.

Learning Experience # 1: Sharing Our Experiences: Museum Walk/Story Boards

(If you have watched the entire series use this exercise)

Time: 30 - 40 minutes

Content:
Throughout the collaborative, we've focused on putting in place these four relational coordination practices. Now let's explore what you've learned about how to make these practices solid and the benefits of doing so.

Process:
Each home has a place to display their storyboard.

One person from each home agrees to staff their storyboard and explain their story to others.

Then groups form at each display – can be mixed group or can be each home traveling together. Give a period of time for the person to share their story and answer questions. Then have groups shift to the next display. Repeat til all have seen all displays.

Have open discussion about what struck people.

Remind people that the original focus of this learning collaborative was on making the assessment and care planning process come to life as a means to individualize care for residents by having staff know residents well and be able to problem solve together about how to care for them.

Have an open room discussion about lessons and impacts.

End with a slide saying that several recent major CMS developments all emphasize individualized care putting far more emphasis on quality of life, and the OBRA requirement for "physical, mental, and psychosocial well-being." What you've done in this group viewing process positions you well for all of these:

1. MDS 3.0 interviews with residents about customary routines
2. Surveyor interviews with residents about their customary routines
3. QAPI integrates "a culture of safety" and a "culture of resident-centered care"
4. In reducing off-label use of antipsychotic medications, CMS is emphasizing person-centered care approaches

Play first two segments of the webinar, on consistent assignment and on CNA involvement in care planning. (30 min)

Learning Experience # 2: Assessment/care planning as an "every day' instead of a 90 day process

Time: 30 minutes

Content:
MDS 3.0 is in the title of our learning collaborative and in the title of the series that we are closing with this final webinar today. We started this Collaborative really seeing that connection because MDS 3.0 seeks to improve resident care by better assessing each resident's individual needs. We still see that connection but this Collaborative work goes to show that it isn't a 90 day but *an everyday process*. These relational coordination practices are now woven into the fabric of these homes to support not just a resident assessment, but improving relationships, care and quality of life for their staff, residents and families.

Process:
In table discussions, have participants share examples of ways now that they do "in-the – moment assessing and care planning of a resident's situation with the staff closest to the resident. How has their assessment and care planning evolved during this group viewing process?

Invite a room wide discussion.

Probe for how-to's, benefits, results. (Please take notes and share them with Pioneer.) Synthesize what you hear.

Close:
Highlight the foundational role of consistent assignment so that staff really know residents and are therefore better able to care for them.

Now, we are going to hear from the incubator homes about the use of huddles in day-to-day operations and also more on the spot problem-solving to achieve quality improvement closest to the resident. You'll hear homes discuss the logistics of huddles and also hear staff discuss the numerous benefits of coming together for improved communication, critical thinking and problem-solving. You'll hear accounts of alarms, falls and antipsychotic reductions in which these relational coordination practices supported staff to know residents well and communicate and problem solve well with each other.

Return to webinar: Tell participants: The next segment is 25 minutes of nursing home teams talking about huddles. Huddles include change of shift, start of shift, 24 hour report, and on-the-spot QI huddles.

Learning Experience # 3: Huddlemania

Time: 30 minutes

Content:
There are many forms of huddles – change of shift, start of shift, 24 hour report, interdisciplinary, new resident, on-the-spot, QI.

The common skill set is critical thinking.

Process:
In table discussions, have participants share the range of ways they use huddles. How do huddles help them to problem solve on the spot? Share examples of how this has helped improve care. Share any other benefits.

Invite a room wide discussion.
Ask: How have huddles helped them individualize care? How has this process changed how they deliver care? Have them made more flexibility in daily routines?

Probe for how-to's, benefits, results. (Please take notes and share them with Pioneer.)
Synthesize what you hear.

Close:
Huddles help staff work well together. The better staff communicate and problem solve day-to-day, the better able they will be to take on formal Performance Improvement Projects (PIP) under QAPI.

Return to webinar: The last 15 minutes include clips on how homes reduced alarms, falls, and antipsychotic medications by knowing residents better and problem solving to support their quality of life.

Learning Experience # 4: Individualized Care = High Quality Care

Time: 30 minutes

Process/Content:
Discuss at tables how knowing residents' individual patterns has helped them to improve outcomes in alarms/falls/mobility, rehospitalizations, antipsychotic medication reductions, or any other area. How does individualizing care lead to better results?

Probe for how-to's, benefits, results. (Please take notes and share them with Pioneer.) Synthesize what you hear.

Close:
Highlight how the relational coordination practices go hand in hand in supporting individualized care. Work to date can be a springboard for continuous improvement.

SESSION CLOSING:
TEAM PLANNING TIME: SPRINGBOARD FOR CONTINUOUS IMPROVEMENT

Time: 30 - 45 minutes

Material:
- ∞ Quick Organizational Self-Assessment

Process/Content:
Part 1 – (15 min) Return to co-workers. As a team, complete organizational self-assessment. Note areas of progress. Identify areas to strengthen and decide what to work on next, based on the results of the self-assessment and ideas from today.

Part 2 – If the group has watched the entire series and this is a closing, bring all the participants into one circle and invite people in a go round to share something they have learned, or some way they have been touched, or a parting thought of any kind.