



Using the MDS 3.0 as an Engine for High Quality Individualized Care

Webinar Series Five:
Working Together for Better Outcomes
**Relational Coordination for
Quality Improvement**

Prepared by B&F Consulting for the Pioneer Network's National Learning Collaborative



Incubator Phase

Using the MDS 3.0 as an Engine for High Quality Individualized Care

Webinar Series Five

Part 12: It Takes a Team to Provide High Quality Individualized Care

Developed by B&F Consulting for the Pioneer Network's National Learning Collaborative on
Using the MDS as the Engine for High Quality Individualized Care Funded by The Retirement Research Foundation



Using the MDS 3.0 as an Engine for High Quality Individualized Care

Incubator Participants

- Retirement Research Foundation
- Pioneer Network and B&F Consulting
- Nine Convener State Coalition and Corporate Partners
- 52 Incubator Homes
- Over 400 participants



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Learning Collaborative Faculty: B&F Consulting

With Learning Collaborative Conveners:

- Sue Crane, Florida Pioneer Network
- Joan Devine, Missouri Coalition Celebrating Care Continuum Change (MC5)
- Darlene Cray, New Hampshire Culture Change Coalition
- Lynda Crandall, M.O.V.E (Making Oregon Vital for Elders)
- Peggy Williams, South Dakota Culture Change Coalition
- Peggy Brenner, ACTS Retirement-Life Communities
- Mary Tess Crotty, Genesis HealthCare
- Angie McAllister and Ellie Currie, Signature Health Care
- Julie Ballard, Health Systems, Inc.

52 Incubator Homes

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MAY 7, 2013

Part 12: *It Takes a Team* to Provide High Quality Individualized Care

TODAY'S PRESENTERS:

Amy Elliot, Pioneer Network with Incubator Nursing Home Teams from:

Cornerstone Care Option, Portland, OR

Fort Washington Estates – ACTS Communities, Fort Washington, PA

Glendale Center – Genesis HealthCare, Naugatuck, CT

Friendsview Retirement Community, Newberg, OR

Rose Villa, Portland, OR

Health Central Park, Winter Garden, FL

Bethesda Dilworth, St. Louis, MO

Signature HealthCARE of North Florida, Graceville, FL

Normandy Farms Estates – ACTS Communities, Blue Bell, PA

Laclede Groves – Lutheran Senior Services, Webster Groves, MO

Hidden Lake – Lutheran Senior Services, St. Louis, MO

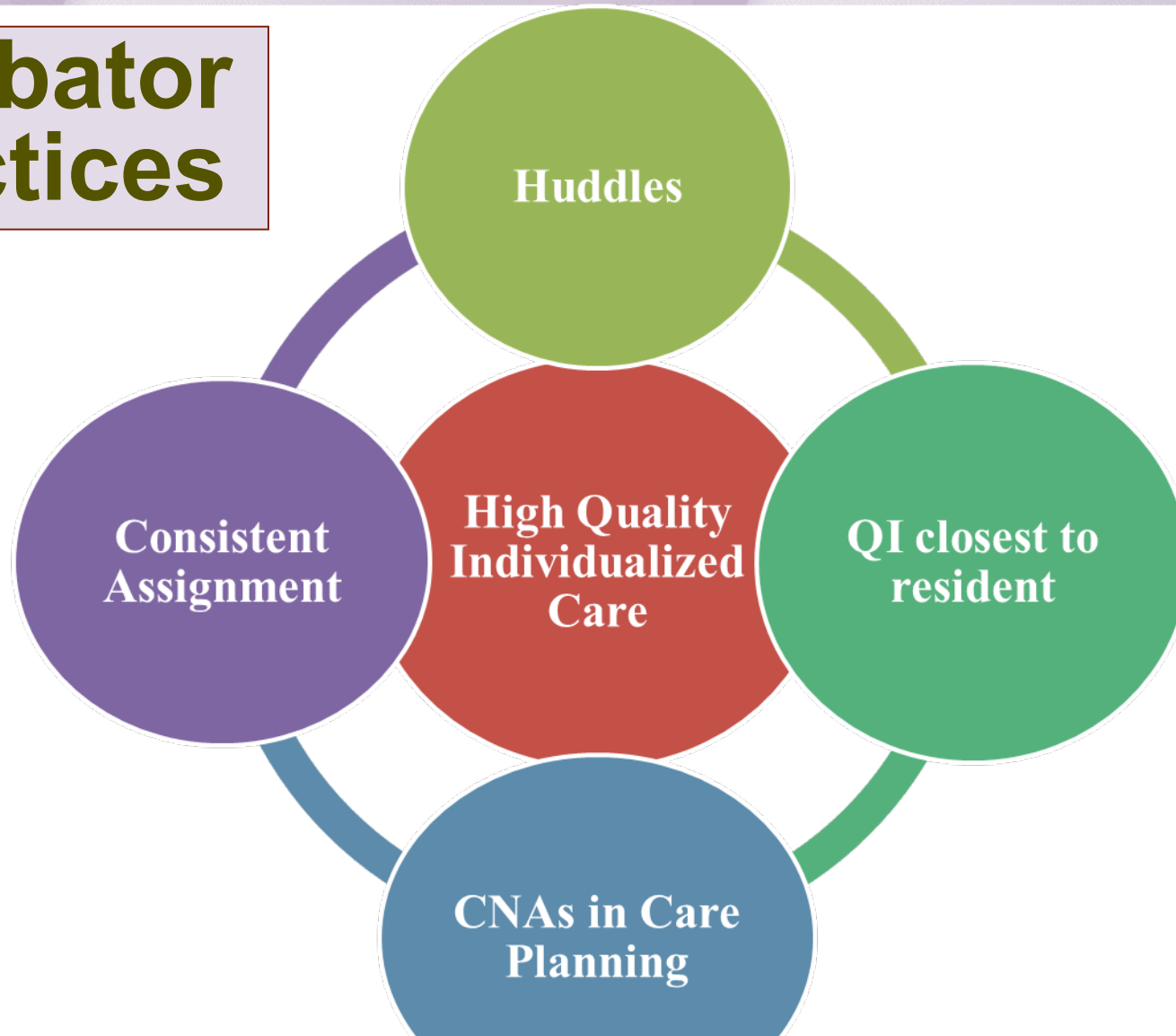
Signature HealthCARE at The Courtyard, Marianna, FL

Washington Rehabilitation and Nursing Center – Signature, Chipley, FL

Westminster Towers, Orlando, FL

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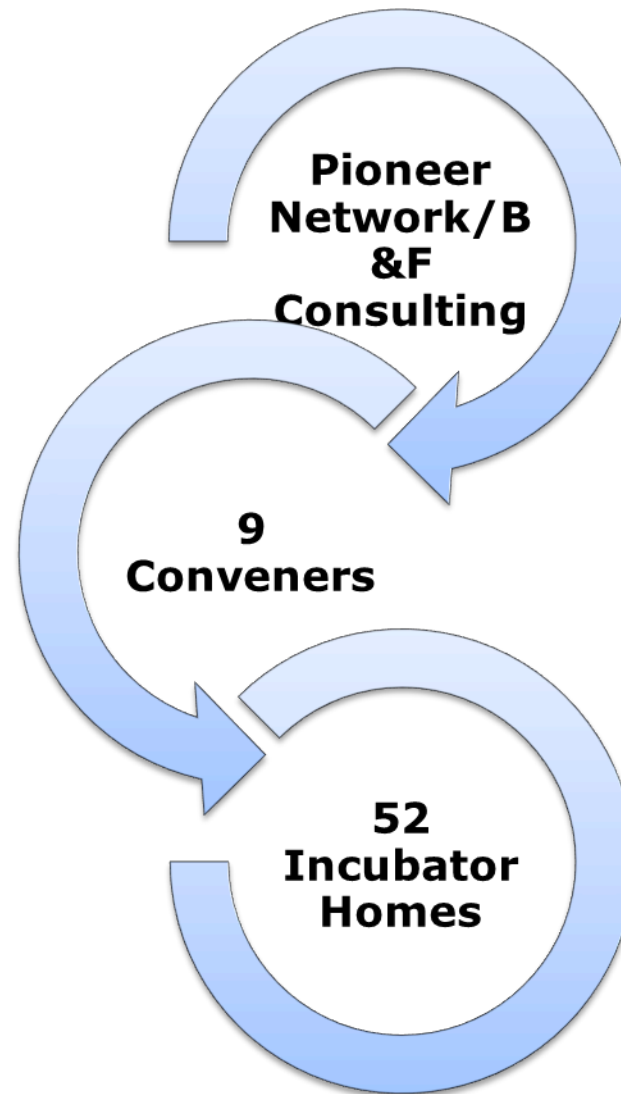
Incubator Practices





Using the MDS 3.0 as an Engine for High Quality Individualized Care

Incubator Process



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What does success look like?

- Increased use of 4 relational coordination practices
- Quality of Organizational Practice
- Efficiency of Organizational Practice
- Organizational and Clinical Outcomes



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Consistent Assignments for Dedicated Scheduling

Amy Elliot, Pioneer Network
with Incubator Nursing Home Teams from:

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Fort Washington, PA
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Friendsview Retirement Community, Newberg, OR



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Joyce Ennis RN ADON
Normandy Farms
Estates

Christine Malone
CNA/Activities
Fort Washington Estates

Peggy Brenner
Regional DON,
Acts Retirement
Life

Karen Westefer RN
DON Fort Washington
Estates

ACTS Retirement-Life Communities

Contact: Peggy Brenner at 215-371-5300, ext. 86352 or Pbrenner@actslife.org

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Karen Westefer, RN, DON
Fort Washington Estates

Learning Circle with staff to discuss benefits and fears

Fear: Burn-out

How:

- The CNAs decided to do it themselves
- CNAs chose their own assignments
- Assignments were fair

Benefits:

Better relationships because now they really know their residents

Staff can plan their day around residents needs and schedules



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Christine Malone CNA/Activities
Fort Washington Estates

The residents like knowing who's going to take care of them

They know their names

She felt comfortable because she knew who it was

They know which person to look for



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Karen Westefer, RN, DON
Fort Washington Estates

Get to know the ***family members***

Families are comfortable ***knowing the same CNA*** is taking care of their mother or father

They come to us with their problems because ***they really know their residents***

Gave staff a great sense of ***belonging to the community***

CNAs in MDS and Care Planning

Amy Elliot, Pioneer Network
with Incubator Nursing Home Teams from:

Rose Villa, Portland, OR
Health Central Park, Winter Garden, FL
Friendsview Retirement Community, Newberg, OR



Group Viewing

PAUSE FOR LEARNING EXPERIENCE # 2

Prepared by B&F Consulting for the Pioneer
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Huddles

**Shift, Shift Change, and 24 Hour Report
QI - On-the-spot problem solving**

Amy Elliot, Pioneer Network
with Incubator Nursing Home Teams from:

Friendsview Retirement Community, Newberg, OR

Bethesda Dilworth, St. Louis, MO

Signature HealthCARE of North Florida, Graceville, FL

Normandy Farms Estates – ACTS Communities, Blue Bell, PA

**Laclede Groves – Lutheran Senior Services, Webster Groves,
MO**

Hidden Lake – Lutheran Senior Services, St. Louis, MO



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Karen Fletcher
Activity Assistant

Jackie Oakes,
RN, Weekend
Nursing
Supervisor

Sheila Walker
C.N.A

Kathy Britt
RN, ADON

Carrie Craven, TRS,
Director Activities

Eda Farache
Dining Services
Director

Bethesda Dilworth

9645 Big Bend Boulevard, St. Louis, MO 63122

Kathy Britt – 314-446-2126 and Carrie Craven – 314-446-2102

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Kathy Britt, RN, ADON
Bethesda Dilworth

Daily Huddles

Change of shift for nursing
Mid-shift for ancillary staff to
learn about residents

CNAs are primary speakers

Use STOP AND WATCH
Report by exception

Notice subtle changes

***Catch problems early to
reduce hospitalizations***

***Every nursing person knows
about every resident***



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Eda Farache Dining Services Director
Bethesda Dilworth

Consistent staff - ***all disciplines; all shifts***

Promotes cohesiveness and increased communication within the team

Slight changes more apt to be assessed and acted upon

During huddle they communicate changes to nursing staff:

- Dining services employee noticed resident couldn't use utensils, but could eat a sandwich

Key for better intake at meal times



Kathy Britt, RN, ADON
Bethesda Dilworth

AT HUDDLE

- Follow-Up
- Hints and Reminders

***Improved our
documentation tenfold
through these meetings***



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Jackie Oakes, RN,
Weekend Nursing Supervisor
Bethesda Dilworth

Before we did huddles, we had a ***disconnect between the CNAs and nurses***

Accountability rested with nurse who many not have been fully informed

CNAs didn't always know day-to-day needs of resident

CNAs now more aware of nursing process, reporting and implementing change

This makes the team more cohesive leaving little room for guessing



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Joyce Ennis RN ADON
Normandy Farms Estates
ACTS Retirement-Living Communities
Blue Bell Pennsylvania

On the spot huddles:

Any staff at any time can call one of these

Short, focused, problem-solving interventions

5 – 10 minutes

Goal: Problem-solve in real time

How to problem solve and think through challenges



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Joyce Ennis RN ADON
Normandy Farms Estates
ACTS Retirement-Living Communities
Blue Bell Pennsylvania

Staff do root-cause analysis in the moment

Stopping and helping them think through things

Need to feel that ***what they say we are going to respond***

Constant feedback to and from the staff to ***know what is happening with the information they share***



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Joyce Ennis RN ADON
Normandy Farms Estates
ACTS Retirement-Living Communities
Blue Bell Pennsylvania

Get the ***staff talking more than the leaders***

Ask questions to help facilitate critical thinking

Nursing assistants feel their voices really matter

Starting to problem solve

Nursing assistants talking among themselves about what could be different and how they could prevent someone from falling



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Joyce Ennis RN ADON
Normandy Farms Estates
ACTS Retirement-Living Communities
Blue Bell Pennsylvania

Snowball effect

In the beginning, go really slow

Build on successes

Give a lot of positive feedback

Biggest challenge:

Some of the nurses didn't have time –
teach them how they could ***save time***

It evolved – build on successes

***Nurses had to learn how to engage
the group – a skill – learn how to
make it a positive experience***



Group Viewing

PAUSE FOR LEARNING EXPERIENCE # 3

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Clinical Applications

Reducing Alarms and Off-Label Use of Antipsychotic Medications

Amy Elliot, Pioneer Network
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Pioneer
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Series One: Organizational Practices

- Part One: Aligning Daily Documentation and Communication
- Part Two: Organizational Systems
- Part Three: QI and MDS

Series Two: Clinical Applications

- Part Four: Promoting Mobility, Reducing Falls, and Eliminating Alarms Through Individualized Care
- Part Five: Individualized Dining: New Practice Standards
- Part Six: Smooth Transitions in Care: Getting New Residents Off to a Good Start

Series Three: Individualized Care: Using Performance Improvement Processes to Reduce Use of Anti-psychotic Medications through Individualized Care

- Part Seven: MDS and Quality of Life: Operationalizing Customary Routines
- Part Eight: MDS and QAPI: How to Improve Outcomes through Just-in-Time Assessment, Care Planning and Quality Improvement by Staff Closest to the Residents

Series Four: Reducing Anti-Psychotics Through Individualized Care – Medical Perspective and Case Studies

- Part Nine: Individualizing Care and Environments: Non-pharmacologic Interventions Instead of Anti-Psychotic Medications
- Part Ten: Promoting Mental Health Through Team-based Individualized Assessment and Care Planning

Previous Webinars are available for purchase as archive recordings at www.PioneerNetwork.net

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