

Facilitator Instructions

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 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's Guide

Opening Process and Explanation:

Process

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: Integrating MDS into Daily Practice: Organizational Systems

Time 1 minute

Content Explain to the group:

This webinar will explain how to put in place the organizational practices that integrate the MDS into daily front-line care. Administrators, Directors of Nursing, and other practitioners will discuss three key areas: (1) maximizing the time spent in hand-offs between shifts and using start-of-shift and end-of-shift huddles to capture care provided, resident needs, and any risks and opportunities; (2) making the care planning process responsive to daily developments in care and facilitating CNA involvement in care planning; and (3) maintaining consistency of assignments through hiring and scheduling practices so staff know residents intimately.

These practices are interrelated and mutually reinforcing. They accelerate quality improvement because they provide the infrastructure for staff to know residents well and communicate routinely about residents' needs as part of day-to-day work. Staff catch problems early and can prevent declines by making individual adjustments in care delivery to align with residents' rhythms of life in waking, sleeping, eating, bathing, and daily activity. Care planning and QI come to life when they are infused with this first-hand knowledge from staff closest to the residents. These systems are only effective when formal leaders use this first-hand information to shape care and daily routines. When direct care staff know they have leaders' support, they are eager and activated to do their best.

The beginning of the webinar contains information participants don't need. Start the webinar at 1:42 and play until 10:04. Then pause for exercise # 1.

Learning Experience # 1 – Rate Your Relational Coordination

Time 15 – 20 minutes

Process

List three relational coordination practices:

1. Consistent assignment
2. Huddles (start of shift, end of shift, and shift to shift)
3. Involving consistently assigned CNAs in care plan meetings

Ask people individually to rate on a scale of 1-10 how much these three relational coordination practices are in operation in their daily experience.

1 = low end of communication and working relationship

10 = high end of communication and working relationship

Have each group do a go-round to share and discuss each person's ratings. Ask people where it is working well to share their experience: what the benefits are and what makes it work well. Invite people where it's not working well to ask for help or ideas.

Closing

Good communication flourishes through these systems that give staff frequent, timely opportunities to talk things through together. These systems of communication facilitate each caregiver's deeper knowledge of each resident because staff share with one another what they know about each resident. This shared knowledge enables co-workers to provide better care and life for elders.

While formal systems of assessment, care planning and quality improvement guide the documentation and delivery of care, it's the staff closest to residents that have the most current, accurate information about how residents are doing and what they need. In this sense, relationships closest to the residents matter most, and so systems that support communication and teamwork with and among these staff members have the greatest impact on efforts to ensure high quality care.

Now we'll hear the why and how of consistent assignment, and how staff share their deep knowledge of residents in huddles and care plan meetings.

Restart the webinar at 10:04 and play until 24:09. Then pause for exercise # 2.

Learning Experience # 2 How-to of Consistent Assignments and Involving Consistently Assigned CNAs in Care Plan Meetings

Time 15 minutes

Process

The presenters each talk about how well CNAs know the residents they work with consistently and how they share that information in huddles and care plan meetings, and how the CNAs can catch problems early and trigger immediate interventions.

Presenters also provide how-to tips for making it work.

Have participants, in small groups, identify what they liked about what they heard and what ideas it gives them for making it work better where they work.

Invite room-wide sharing of what was discussed in small groups.

Summarize key points you note from the discussion.

Closing

Consistent assignment is the bedrock of good care.

Now we'll hear a director of nursing share how she has seen the benefits of consistent assignment and how she organized her schedule to secure consistency of assignments.

We'll also hear from a CNA who shares how that consistency allows her to be a valuable contributor to care plan meetings and work with co-workers, and families, to ensure good care.

Return to Webinar at 24:09 and play through to 35:14

Learning Experience # 3 The How-to of Involving CNAs in Care Plan Meetings

Time 15 - 20 minutes

Process

Have participants, in small groups, identify benefits to having the consistently assigned CNAs be part of the care planning process, and what they heard in the webinar or know from experience about how to do so successfully.

Invite room-wide sharing of what was discussed in small groups.

Summarize key points you note from the discussion.

Closing

Involving CNAs in care plan meetings brings the staff closest to the resident and their deep knowledge of the resident into the discussion.

Now we'll hear from an administrator and a nurse manager about how person-centered shift huddles improve communication, coordination, and care outcomes by giving staff a regular place to share information and problem solve together.

Return to Webinar at 35:14 and play through to 1:00:05. The closing minute has information participants don't need.

Learning Experience # 4 The How-to of Huddles

Time 15 minutes

Process

The presenters shared about huddles across shifts as well as huddles that happen during the shift.

Have participants, in small groups, identify what they liked about what they heard about how the huddles work, and what ideas it gives them for sharing information with their own co-workers.

Invite room-wide sharing of what was discussed in small groups.

Summarize key points you note from the discussion.

Closing

Huddles give staff a regular place to share information and problem solve together.

Learning Experience # 5 Reflections and Take Homes

Time 10 minutes

Process

Either in their small groups, or in the whole group, in a go-round, ask each person to share reflections on ideas they got and how they can put them to use.



Engaging Staff in Individualizing Care



Integrating the MDS 3.0 into Daily Practice

Webinar Two: How to Put Organizational Systems in Place

Closing

When systems support staff to share information and problem solve, they can work together to take the best care of their residents.

Additional Resources: A free Starter Kit on *Engaging Staff in Individualizing Care* has tip sheets for consistent assignment, huddles, and involving CNAs in care planning. It is available at www.Pioneernetwork.net under “provider resources.” Consider handing out copies of the tip sheet, and/or showing participants how to access them.