



Integrating the MDS 3.0 Into Daily Practice

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How to
Put Organizational Systems in Place

Three Areas of Focus

- **Consistent Assignment**
- **Shift Huddles and Hand-offs**
- **CNA Involvement in Care Planning**

Our Speakers

Morningside House Nursing Home in Bronx, NY

- Aimee Grant, CNA
- Evelyn Martinez, Clinical Nurse Manager
- Sally Martin, Vice President of Nursing

Maine General Rehabilitation and Nursing Care Center at Glenridge, Augusta, ME

- Jodi Mulholland, Director of Nursing
- Kate Walsh, CNA
- Tarsha Rodrigue, Neighborhood Nurse Manager
- Connie McDonald, Administrative Director

Barbara Frank, B&F Consulting, Pioneer Network Board

Relationships Determine Outcomes

- Quality, the **result**, is a function of quality, the **process**
- Cannot continuously improve **interdependent systems and processes** until you progressively improve interdependent, interpersonal **relationships**

Stephen Covey, 1991

Dimensions of Relational Coordination

Interdisciplinary ~ Interdepartmental
Across Shifts and Days

Communication

- Frequent
- Timely
- Accurate
- Problem-solving

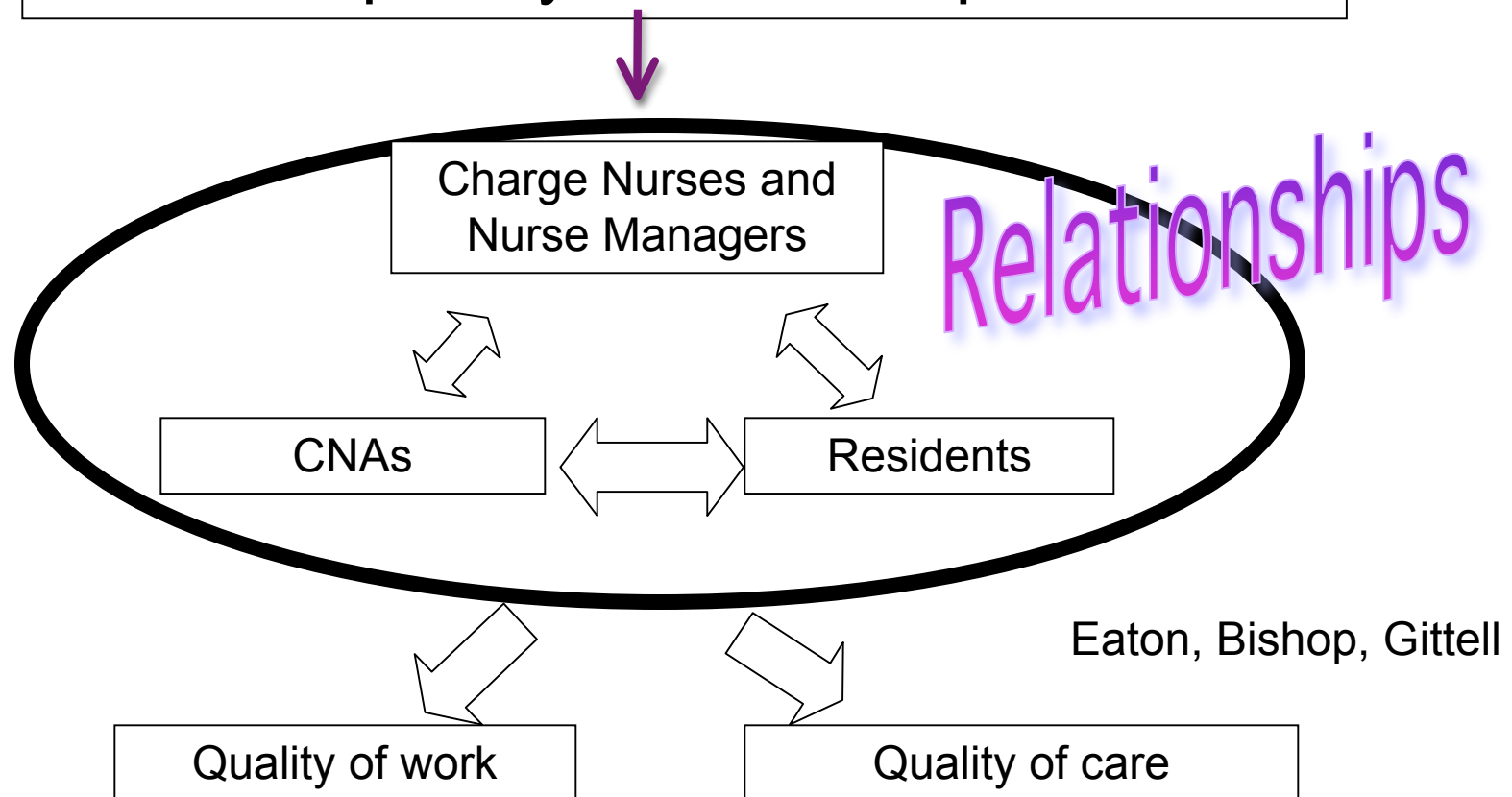


Relationship

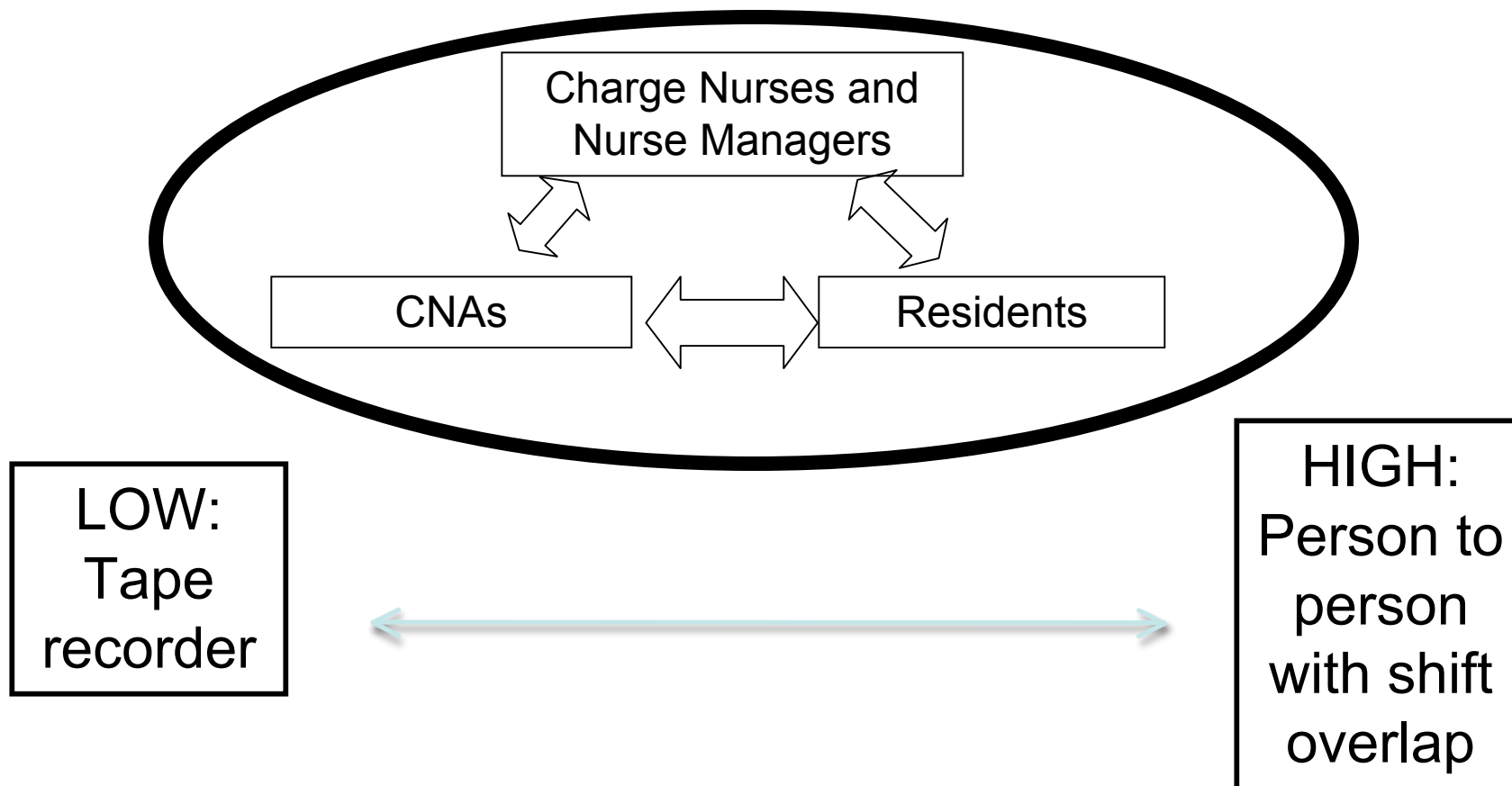
- Shared Goals
- Shared Knowledge
- Mutual Respect

Relationships Closest to the Resident Matter Most

Within and Across Shifts and Days
Interdisciplinary and Interdepartmental

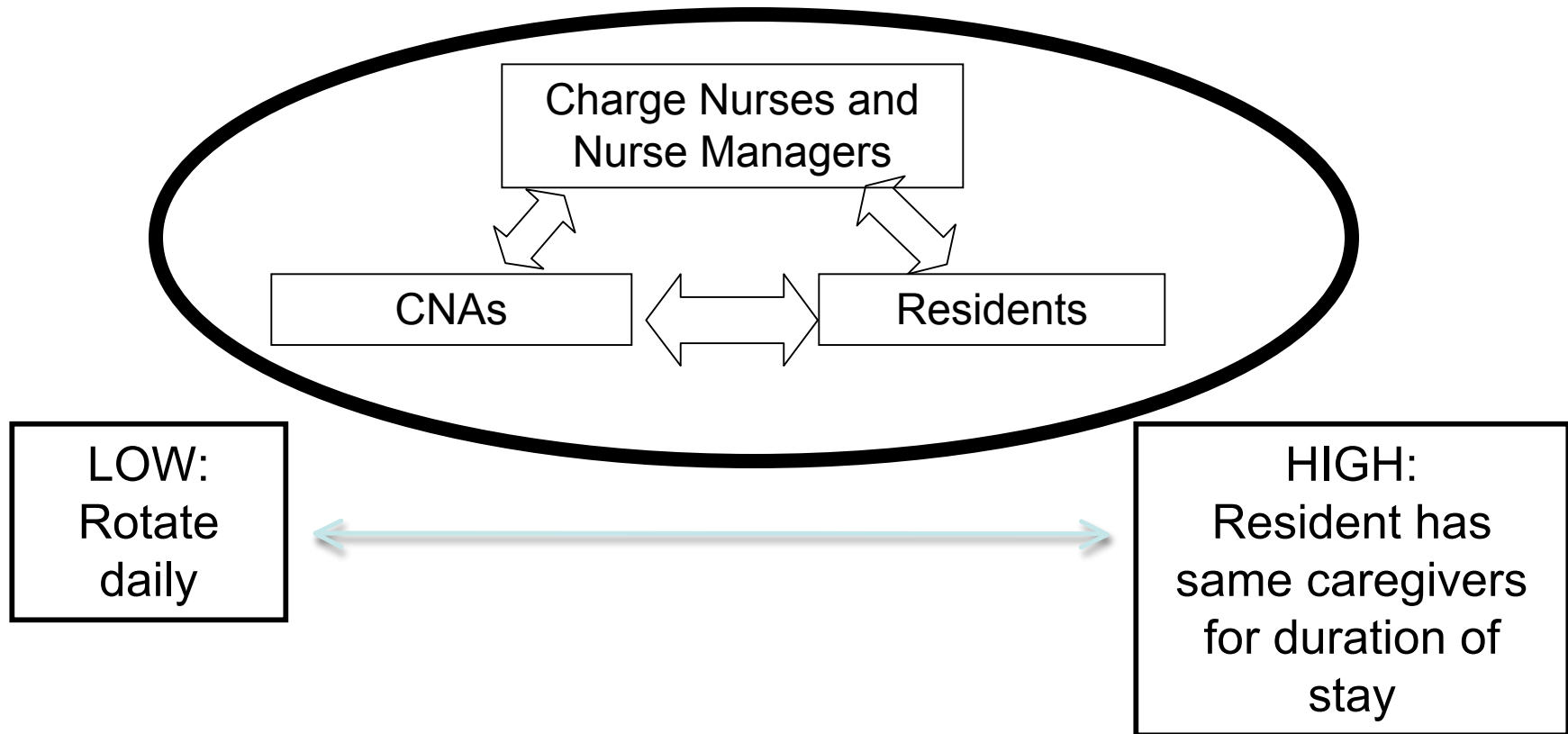


Relational Coordination: Shift Hand-off



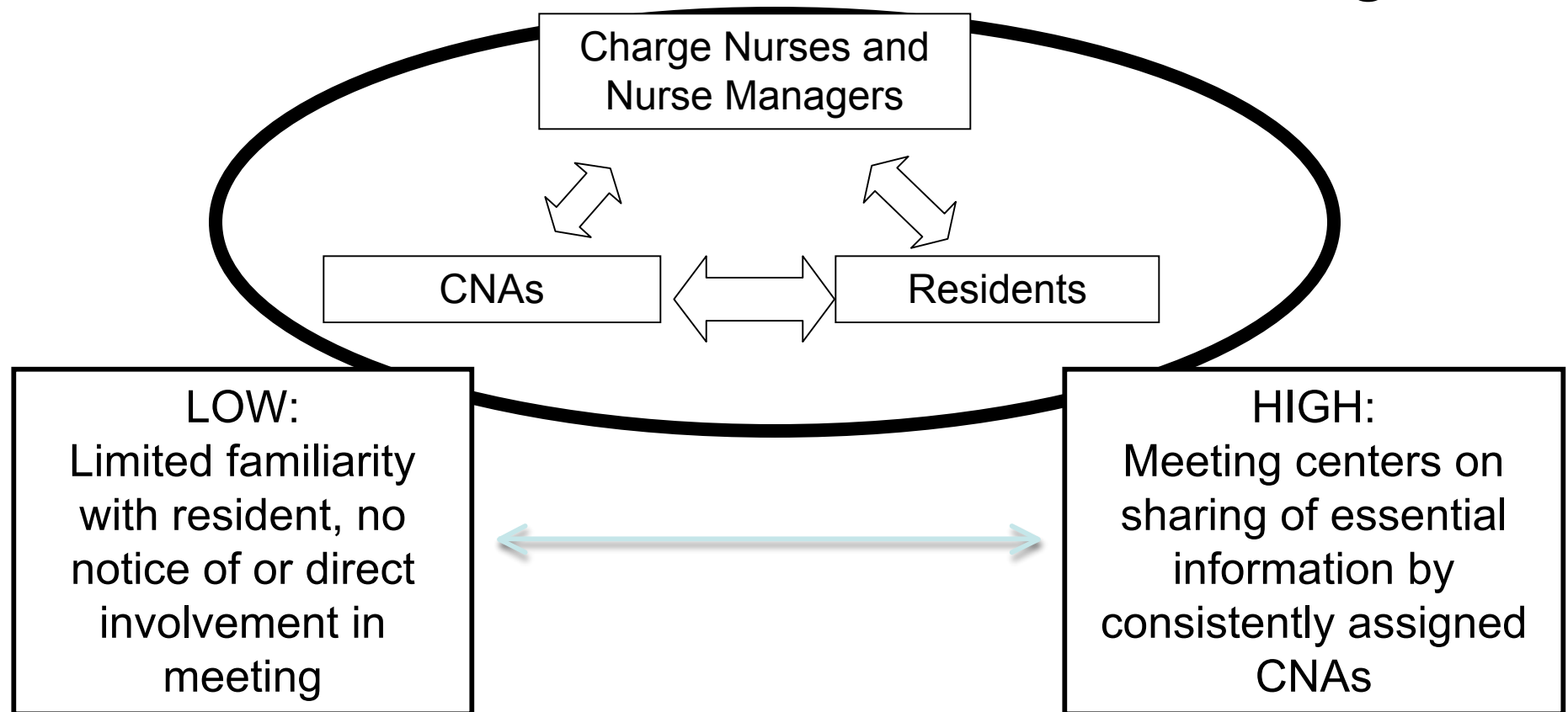
Communication and Relationship Factors

Resident Care Assignments



Communication and Relationship Factors

CNA Involvement in Care Planning



Communication and Relationship Factors

Systems that
support relational coordination
promote **critical thinking**

- **Critical Thinking** is essential for early identification of problems and opportunities, and for speedy interventions to address them

Critical Thinking vs. Routine Care

- Notes the difference in mood and asks the nurse about it
 - Knows the time of day resident usually wants to take a nap and notes difference
 - Spots slight change in skin and tells nurse
- Provides care
 - Is pleasant
 - May not note slight changes as anything different
 - Takes pride in efficiency
 - Works hard

Critical thinking is more likely to happen when there is consistency in care

Consistent Assignment

- Always goes to the bathroom at around 2:30
- Is tired at 6:30 and will need more help
- Likes a cup of tea in the early afternoon
- Appreciates a sense of humor
- Likes to watch certain shows

Rotating Assignments

- How long does it take to get to know your new residents?
- How well do you get to know them in two weeks? Three weeks?
- How many falls occur during first few days after a change?



Consistent Assignment Communication within the Shift CNA Participation in Care Planning

Aimee Grant, CNA

Evelyn Martinez, Clinical Nurse Manager

Morningside House Nursing Home

Bronx, NY

Aimee Grant, CNA

- With Consistent Assignment
 - I take care of the same residents everyday, so I notice subtle changes right away
- Take part in care conferences
 - Care conferences done on the floor
 - Know ahead of time so handle my work
- Consistent Teamwork
 - We help each other so we can be freed up
- Families feel comfortable coming to us

Evelyn Martinez, Clinical Nurse Manager

- Consistent Assignment
 - Structured environment better for residents
 - Collaboration – team effort – everyone aware
- Morning Report
 - Any issues to be aware of
 - Any scheduled care plan meetings
- Resident Care Profiles
 - Any changes in mood, ADLs, behavior, routines
 - Consistency allows staff to notice changes so we can address them right away



The Foundation is Consistent Assignment

Sally Martin

Vice President of Nursing

Morningside House Nursing Home

Bronx, NY

Consistently Assigned CNAs are Closest to the Resident

They have the information that
matters to those who are
assessing and care planning

Consistent assignment means for
as long as the resident lives there

***Consistent alternates
assure continuity***

Consistent Assignment = Tacit Knowledge

especially about
each resident's rhythm of life

Consistent assignment is the basis
for CNAs contribution to
care assessment, planning and delivery

“Just-in-time” care interventions

At Shift Huddles all CNAs and
Nurse Manager meet and discuss
resident changes and needs

CNAs are Critical to Care Planning

- In daily stand-up on unit, CNAs know which of their residents are scheduled for care plan
- Green sheets have been in place so they are capturing up to date in depth info on residents
- Location of care planning meeting – right at the unit
- Care plan meeting starts with CNA – they have the most accurate information

Maintaining Consistency of Assignments through Hiring and Scheduling

Jodi Mulholland, RN

Director of Nursing Services

Glenridge Living Community

MaineGeneral Rehabilitation and Nursing Care

Augusta, Maine

Change the Format of How you Schedule

- It takes 56 hours for one primary assignment.
- Develop a spreadsheet that outlines primary assignments with a partner to fill the hours.
- Start the hiring process by filling the holes: positions are posted based on the dedicated needs.



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Example Staffing Pattern

DEDICATED ASSIGNMENTS		M	T	W	TH	F	S	S	M	T	W	TH	F	S	S
ASSIGNMENT 1		CM	AE	AE	CM	AE	CM	AE	AE	CM	CM	AE	AE	AE	CM
ASSIGNMENT 2		TB	JC	JC	JC	JC	TB	JC	JC	JC	JC	JC	JC	TB	TB
ASSIGNMENT 3		GP	TW	TW	TW	GP	GP	TW	TW	TW	GP	GP	TW	TW	GP
ASSIGNMENT 4		MV	MV	JB	MV	MV	MV	TB	TB	MV	MV	MV	MV	JB	MV
ASSIGNMENT 5		TR	JB	CM	JB	CM	TR	JB	TR	JB	JB	JB	CM	CM	JB
ASSIGNMENT 10:15 -6:45		AP	MH	AP	MH	AP	AP	MH	MH	MH	AP	MH	AP	AP	AP
7-3 C.N.A															
GP	24	7				7	7				7	7			7
MV	40	6	6		6	6	6			6	6	6	6		6
JB	32		6	6	6			6		6	6	6		6	6
AE	32		7	7		7		6	6			R	7	7	
TW	32		6	6	6			6	6	6			6	6	
CM	40	6		6	7	6	6			7	6		6	6	6
JC	32		7	7	7	7		7	7	7	7	7	7		
TB	24	7			3		7	7	7			3		7	7

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

The Interview

- Hiring the right Candidate
 - Pride, passion, flexibility, positive attitude
 - Social and interpersonal problem solving skills
 - Stress Tolerance
 - Self Awareness and impact on the Team
- Facility Tour

Primary Assignments

During the interview, candidates are introduced to the dedicated assignments.

Questions often asked

- Will I stay on the same unit?
 - Our staff are dedicated to a Neighborhood
- “*Do you float staff here?*”
 - Dedicated staff do not float except under extraordinary circumstances
- “*I will have a consistent schedule?*”
 - Yes, and partners cooperate when someone needs to change their schedule

Benefits of Dedicated Staffing

- Enhanced relationships
 - Between caregivers and residents.
 - Between families and caregivers
 - Between staff on the NBHD
- Improved Staff morale:
 - Empowering the staff to take pride in their work
 - Instead of hearing about open “holes” we hear staff talk about new staff filling the primary assignments.
- Quality, Continuity, Collaborative Team Approach
- More accountability
- Improved Shift to Shift communication

Benefits in Managing the FTE and Wage Budgets

- Easier to post the open positions
- Scheduling is clear and efficient and needs are clear
- Less overtime
- No more “extra” staff in the middle of the week

Sharing with Families

My Story of Caring With Pride

Kate Walsh, CNA

Glenridge Living Community

Augusta, Maine

Care Partner Sharing (IDTs)

- Preparation
 - Communicating with my partners on the other shifts for changes in care needs or behaviors
 - Skin concerns
 - Behavioral changes
 - Signs of depression
 - Verbal responses, eating patterns, mood
- Review of the Care Plan
 - Make suggestions for changes with my nurse manager to promote good care and quality of life

Relationships Count

- I try to establish a relationship with families of my residents as soon as they come to live with us, so its important for me to be at this meeting
- I seek family input on how to best care for their loved one
- I want families to trust in my ability to care for their loved one

At the Meeting

- I share what I'm doing to care for the resident
- I talk about any changes we've noticed and how that impacts the daily care
- I share little stories about some of the things that the resident has been doing and enjoying

- I reassure families that express sadness or guilt or embarrassment about the issues the resident exhibits that we find the real person behind these things.
- I ask the families for suggestions or cues that we can use to improve our care and the quality of life

Follow Up

- I share with my partners in caring for that resident what happened at the meeting
 - Family requests
 - Compliments (and even complaints)

Shift Hand-offs Teamwork for Individualized Care

Tarsha Rodique

Neighborhood Nurse Manager

Glenridge Living Community

MaineGeneral Rehabilitation and Nursing Care

Augusta, Maine

Mechanics of Shift Hand-off

- Everyone going off and coming on joins in
- Resident by resident, by exception
- First, nurse to nurse, and CNA to CNA
- Same time every single day – we respect everyone's time
- Resident by resident discussed by CNA with nurse adding in – all one team
- Important for everyone on neighborhood to know so they can help out where needed

Problem-solving

- CNAs bring up concerns, whole team talks about what would be best for resident
- Problem-solve everything as it comes up
- No surprises at care plan meeting
- We're finding out sooner and following up on acute issues as things come up
- Prevention

Person-Centered Communication and Shift Hand-offs

A Team Approach to Great Care

Connie McDonald

Administrative Director

MaineGeneral Rehab & Nursing Care

Augusta, Maine

Individual and Team Accountability

- Dedicated Assignments
 - Both CNAs and Primary Nurses
- Communication
 - o Informative Assignment Sheets
 - Risks are listed
 - Interventions are identified
 - o Mid-shift Huddles
 - Quick update to nurse and team
- Interdisciplinary participation

Empowered and Focused Shift Hand-off Process

A strategy that takes advantage of the well informed dedicated 24-hour CNA team to improve communication that supports quality care, a higher RUG and better reimbursement

A strategy that focuses on the resident's needs, not their diagnosis or our task lists

Accountability

- Nursing Leaders: DONs, Supervisors
 - Provide on-going education on how great communication supports great care i.e.: “connect the dots”
 - Set expectations for each team member’s participation

Interdisciplinary Team Input

- CNAs lead the report
- Nurses contribute pertinent medical updates and provide leadership for brainstorming new interventions
- The Social Worker, Activities, Dietary and Rehab participate at least weekly
- Everyone on the team is on the same page

Key Elements

- “Spotlight” residents in ARD window to connect with the plan of care
- Script the discussion: only changes noted
- Teach the staff to share information that helps provide *Quality of Life* and *Dignity* through quality of care

Doing the Right Things for the Right Reasons

Here's How:

Develop the Process

- CNAs
 - Identify risks & resident's status
 - Give overview of the previous shift report and pertinent events of this shift, including quality of life events
- Nurses
 - Identify any acute medical changes & the follow up plan
 - Address any changes or additions to the plan of care

Other Disciplines

- Social Worker: Adds pertinent psychosocial needs and Life Story information. Also shares what the resident interview revealed and family requests or concerns.
- Activities: Identifies "Quality of Life Preferences" for this resident, how they are adjusting socially and what is

Team Communication

- Dietitian/Diet Tech: Addresses what is on the POC for nutritional support and solicits feedback.
- Therapy: Shares the goals and gives tips on how the nursing team can assist the resident meet those goals.
- DON & Administrator:
 - Provide support when staff expresses a need that would help them improve their care.

Scripting the Report- Examples

- CNA: “I am reporting on Frank. He is a fall risk and is at risk for skin breakdown. He was restless after breakfast, so I took him for a walk. His balance was pretty good; no falls. He napped in the recliner for an hour and then he ate 90% at lunch. His skin was without red areas when we brought him to the bathroom after lunch. Please take him to see the visiting animals at 4:00.”
- Nurse: “Frank has had a med reduction so let

Scripting the Report- Examples

- CNA: “I am reporting on Mrs. Jones. She is in the **Spotlight** this week. She is at risk for weight loss, ate 90% of breakfast and 40% of lunch today. She is drinking well. She is also at risk for skin breakdown; her heel hover boots and elbow protectors are on. She was last repositioned at 2:30 so is due right after report.
She also has a history of depression, but seems to be her normal self. Her family was in to visit at lunch and she enjoyed the music activity. She requests a shower this evening.”

Nurse: “Please let me know when you help get her undressed for the shower as I need to do a complete skin assessment. Let’s check her weight at that time as well.”

Diet Tech: “We provide fortified cereal and a high protein snack for Mrs. Jones to support her need for nutrition. Let me know if she starts refusing them. Also, have you noticed if she has favorites that we can offer more often?”

Social Worker: “Mrs. Jones’ daughter tells me this time of year has always been difficult for Mrs. Jones as she lost a child in the summer, so we should be looking for signs of sadness. Please let me know if you notice her wanting to stay in her room more often.”

Activities: “Mrs. Jones is very social lately; has been enjoying Bible study and the music entertainment. I’ve noticed that she is more willing to interact with others.”

Scripting the Report- Examples

- CNA: “I am reporting on Sally. She’s not her normal self today, is quite lethargic. She was up until 4am this morning, which is unusual. She ate a sandwich, tea and ice cream during the night. She slept through breakfast, ate a bowl of cereal and a donut and coffee around 10:30, and then refused lunch. She drank about 4 oz. of an Ensure at 2pm. Please offer her a drink and snack after report.”
- “She is at risk for falls and is more unsteady today: I had to provide extensive assist with transfers. Normally I have to only provide supervision or limited assist.”

- Nurse: “Sally has been started on an antibiotic for a UTI; please check her vital signs this evening. Let me know if she eats less than 50% at supper and offer extra fluids this evening.”
- Activities: “Sally enjoys listening to Frank Sinatra and I have a new CD for her in her room. Perhaps this will help her sleep tonight”.

Webinar Series

- June 1 – The Business and Clinical Case (archived)
- September 15 – MDS and Quality Improvement