



Integrating the MDS 3.0 Into Daily Practice

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How to: MDS and Quality Improvement

- Webinar One: Aligning Daily Documentation and Communication
 - Catch early
 - Intervene effectively
- Webinar Two: Organizational Systems
 - Consistent/dedicated assignment
 - Communication within and across shifts
 - CNAs actively involved in care planning

Dimensions of Relational Coordination

Interdisciplinary ~ Interdepartmental
Across Shifts and Days

Communication

- Frequent
- Timely
- Accurate
- Problem-solving

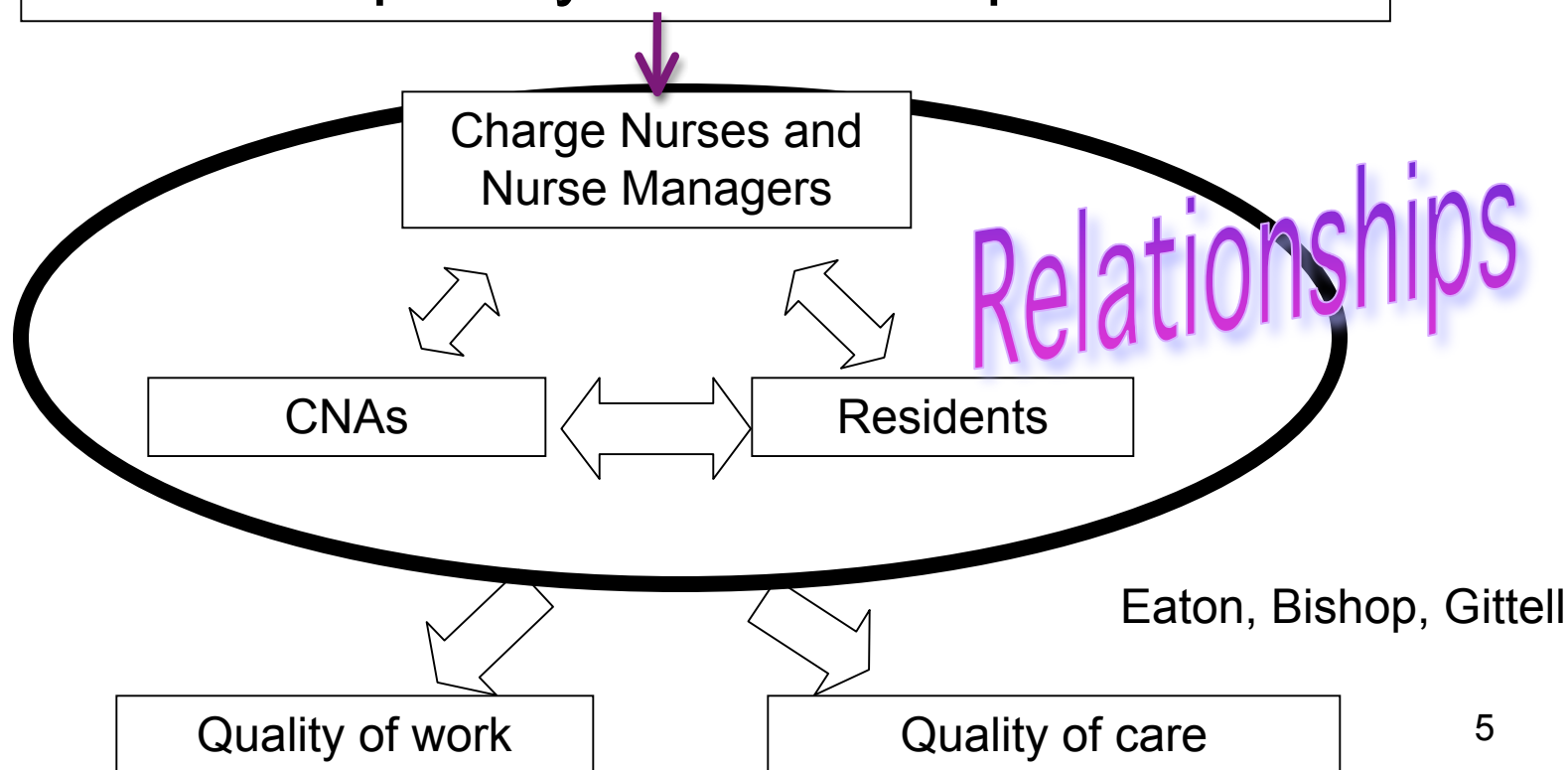


Relationship

- Shared Goals
- Shared Knowledge
- Mutual Respect

Relationships Closest to the Resident Matter Most

Within and Across Shifts and Days
Interdisciplinary and Interdepartmental



MDS and Quality Improvement: Staff Engagement

- Staff Focus Group
- Neighborhood Quality Initiative
- Neighborhood Huddles
- Just-in-Time QI and Staff Development



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Staff Engagement: The Key to Effective Quality Improvement and MDS

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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

Measurement isn't enough – Have to do something

ASK:

- What's our aim?
- What are we doing now?
- What do we have to change?
- How do we know how we did?
- What do we need to modify?
 - Pilot test

Utilizing the MDS

- Resident's status
- Trends, risks

***Staff closest to the resident
need to be involved***

From Boardroom
or
from staff closest to the resident?

What were they thinking?

Involving Staff is key

It's more important *how* we go about
the change than the change itself

Technology change

vs.

Workflow change

***Ideas come from staff. Leadership
listens and follows-through.***

FOCUS GROUPS: INVOLVING ALL STAFF IN THE QI PROCESS

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Focus Groups

- An important part of the quality improvement process at Quaboag Rehabilitation and Skilled Care Center is the Focus Group



Identifying QI Projects

- Resident concerns
- Family Concerns
- Staff Concerns
- Resident Council meetings
- Customer at Risk Meetings
- MDS
- Tracking and Trendings of A&I
- Tracking and Trending of Workman Comps
- Skin Reports, Weight Loss Reports ETC

Cold Egg Focus Group

- Resident complaint
- Data Collection
- Review by Management Team
- Focus Group Formed
- Members of Focus Group
- Dietary Manager
- Administrator
- 2 Unit Managers
- 3 C.N.A's
- QA nurse
- ADON

Focus Group Process

- Review concern and data collected
- Each member of focus group gets a turn to comment while other listen without interrupting
- Brainstorming of ideas
- Tasks and process change to try
- Next meeting set

Second meeting of Focus Group

- Review of tasks and changes
- Decision to go to Open Breakfast all communities every day starting Oct. 3rd





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GETTING BETTER ALL THE TIME: TEAM APPROACH TO DEVELOPING AND SUSTAINING CHANGE

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Isabella Geriatric Center - NYC

- 705 Residents
- Housing
- Home Care
- Adult Day Health Care
- Child Day Care
- Community Services
- Founded 1875
- Non-profit



Negative Effects of Noise

- Sleep disruption of residents
- Altered mood state of residents (agitation, aggressive behavior, depression, increased confusion)
- Falls
- Increased heart rate and blood pressure of staff, residents and visitors

Chair and Bed Alarms Observation

- The chair/bed alarms ringing cause negative responses
- The neighbor team did not hear the alarms
- It became noise pollution

Yacker Trackers
rotated to each
neighborhood

***True staff
engagement***



Ask the resident when they're standing up

- What were they trying to do
- Where were they trying to go
- Was there any care need that needed to be looked at

Big Shift

- Individualized care plan instead of painting all with same brush of alarms
- Go by their preferences, not what we think their preferences should be
- Interview residents to learn how to care for them.
- Everyone on the team contributes about residents' preferences, and needs to know about their preferences

Sustainable Success

- One year later our fall rate has decreased by 40% since the beginning of the elimination of the chair/bed alarm
- Took off 209 alarms
- No one asked to have the alarms back

***When you have team members involved
in the process from day one –
that's true quality improvement***



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***True quality
improvement
because you have
your stakeholders
involved from
day one.***

www.isabella.org

www.cobblehill.org

Getting Better All the Time

*Working Together for Continuous Improvement:
A Guide for Nursing Home Staff*



This Manual is a product of the Cobble Hill—Isabella Collaboration Project
Cobble Hill Health Center — Isabella Geriatric Center

COBBLE HILL
health center
WE KEEP BROOKLYN HEALTHY...HAPPY...HOME.

isabella
Welcome to our family.

*We gratefully acknowledge the financial support of The New York Community Trust,
the United Hospital Fund, and 1199 SEIU Training and Employment Funds.*

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Neighborhood Huddles: Figuring it Out Together

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Huddle Up

- Bring the white board
- Write down everyone's ideas of the root cause
- Prompt people so it comes from them
- Respectful communication
- No blame
- Build trust and skills
- Stay with it

Why share data with staff?

- They work hard and deserve to know
- Human beings respond better when they understand how they can make a contribution
- Smart folks who get it and run with it

The deeper they understand, the better we're all going to achieve good outcomes

Sustained Performance: Just-in-Time Learning and QI

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THE GOODMAN GROUP



Envisioning the Future

What a DON wants

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Sustained performance with sustainable resources

The Story



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Situation

- ⌘ Struggling facility
- ⌘ Multiple regulatory problems
- ⌘ Multiple changes in leadership

Inquiry

⌘ Pure Inquiry

⌘ Tell me about the situation?

⌘ Why do you think it happened?

⌘ What might change the situation?

Inquiry

⌘ DON (stressed)

⌘ “I am not sure that we are doing what is needed to improve performance”

⌘ ADON (withdrawn)

⌘ “The charge nurses don’t follow through”

⌘ “I fix things and then the next day it is back to where we started”

⌘ Unit Managers (teary)

⌘ “There are too many important priorities coming at me all at the same time”

Key themes

- ⌘ Uncertain knowledge base
- ⌘ Inconsistent performance
- ⌘ Competing priorities

Zeroing In

⌘ ADON

⌘ Technique development

⌘ Charge nurses

⌘ participants

Zeroing in: Hydration

- ⌘ Team meetings to discuss hydration and dehydration
 - ⌘ Signs and symptoms
 - ⌘ Risk factors
- ⌘ At risk resident identification
 - ⌘ MDS
 - ⌘ Care Watch
 - ⌘ Assessment data
 - ⌘ Paper
 - ⌘ EHR in December

Training the Technique: Hawthorne Strategy

- ⌘ Walking rounds (2 week cycle)
 - ⌘ Same time daily
 - ⌘ Same questions
- ⌘ Just in time learning
 - ⌘ Talk: One to one case discussions on the unit
 - ⌘ Check: Data review (Labs, I&O) – correct and complete
 - ⌘ Decide: Facilitated discussion
- ⌘ Repeat

Two Weeks Later



⌘ DON

⌘ “We have completed to policy and tool set for hydration, including a new risk tool, care plan and daily monitoring strategy”

⌘ ADON

⌘ “It’s better...when I go back things are done and the charge nurses are telling me about residents before I ask.”

⌘ “I am having trouble with the CNAs though, with I&O documentation”

⌘ “It is so frustrating to find holes in the documentation when they know to do it”

Observations

- ⌘ Charge nurses interested in talking about cases
 - ⌘ Sense of engagement and relevance
- ⌘ Frustration with team members “dropping the ball”
- ⌘ More and sooner risk identification
 - ⌘ Speaking up
 - ⌘ Feeling heard

Next Step

- ⌘ CNA focus group discussions
 - ⌘ “concerns related to support, workload, respect”
- ⌘ Focus on their value and contribution
 - ⌘ Unit Huddles
 - ⌘ All hands on deck at meals
 - ⌘ STOP AND WATCH

Huddles

- ⌘ Brief discussions at different times during the day
 - ⌘ Each unit is free to choose their strategy
- ⌘ Focus the Discussion using the STOP AND WATCH (Interact II)

“Stop and Watch”

If you have identified an important change while caring for a resident today, please circle the change and discuss it with the charge nurse before the end of your shift.

Seems different than usual

Talks or communicates less than usual

Overall needs more help than usual

Participated in activities less than usual

Ate less than usual

N

Drunk less than usual

Weight change

Agitated or nervous more than usual

Tired, weak, confused, or drowsy

Change in skin color or condition

Help with walk, transfer, toilet more than usual



Four Weeks Later



⌘ ADON

⌘ “Now instead of only asking about dehydration, I ask... “Who are you worried about?”

⌘ “I get all kinds of information that we can talk about....(with a smile) I do still check on hydration though.”

⌘ Unit Managers

⌘ “With the help from the ADON and the DON I feel more organized”

⌘ “I still need to spend more time with the CNAs.”

Sustainability Plan



- ⌘ Combined Staff Development / Quality Improvement role (QIC) -- RN only
 - ⌘ Monitor and manage quality metrics
 - ⌘ Zero in on learning needs
 - ⌘ Provide walk around “just in time” training
- ⌘ Time management
 - ⌘ Experts: 40% unit based one on one or small team training discussions
 - ⌘ Novices: 30% group in-servicing
 - ⌘ 30% quality monitoring and reporting
 - ⌘ Identify risk patterns or opportunities for improvement
 - ⌘ Introduce into walking rounds process.

Competency at
the bedside

Quality
Monitoring

Continuous “just
in time” learning
of all staff

Sustained performance

Sustainable Resources

1 RN FTE / 100
Residents

Regular staffing
structure of
Licensed and
CNA



Case Study – Mr. McNally

Staff responsible for his care didn't know his routines and preferences.

He declined rapidly.

His declines were avoidable but were not noted or addressed.

He is not alone.

Preventing Avoidable Decline The Ultimate Quality Improvement Plan

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Preventing Mr. McNally's Decline
Is Mandated By OBRA
and
It is Quality Care

Identifying risks for decline
must begin before
the person arrives

What's the MDS Got to Do With It?

Lots!

- ⌘ Provides a guide for avoiding decline
 - CAAs (Care Area Assessments) Summary is a list of potential risks for decline
- ⌘ Trends the quality of care
 - Captures the baseline data
 - Shows improvement or decline from last MDS

Paradigm Shift: Prevention is Easier than Repair for Both Resident and Caregiver

⌘ Examples:

- Pressure Ulcers
- Pain
- Depression (Mood State)
- Falls
- Psychosocial Well-Being
- Contractures

Be Prepared

⌘ All disciplines need to use the CAAs to

- Develop Standards of Care
- Create tools that capture the information required by the MDS
- Alert Dedicated CNAs and Primary nurses to potential risks
- Build an interim Plan of Care based on the risks
- Communicate this information at huddles and change of shift for 3 days following admission

Educate All Staff

Quality of Care and Quality of Life is important to everyone.
Understanding how it is achieved and how it is measured
helps us define our priorities

- The First Responders: Primary Nurses and CNAs
- The Interdisciplinary Team:
 - o Social Workers
 - o Activity staff
 - o Clinical Dietary Team

Put It Into Practice: Day One

⌘ Each discipline gathers the information that identifies the person and his needs

♣ Admission Nurse or Case Manager

- Identifies from recent medical history what risks exist for medical decline: immobility, falls, skin, pain, constipation, medications

♣ Direct Care Nurse

- Identifies what preventative protocols will be necessary
- Includes risks on the Dedicated CNA's assignment sheet as visual reminder

♣ Social Worker

- o Gathers the psychosocial history and the person's lifestyle preferences prior to moving in or immediately on moving in day from elder and/or family. Creates a "Life Story".
- o At 1st Huddle or Change of Shift SW shares what is known with direct care staff and connects the info to potential for depression (decline in mood) :
 - independent, enjoys big breakfasts esp. bacon,
 - loves outdoors, birds, roses,
 - Red Sox fan
 - was a Fire fighter working the evening shift,
 - close with grandchildren

♣ Dedicated CNA

- Uses the psychosocial information to begin to build a relationship with Mr. McNally
- Partners with him by telling him what we are monitoring so that he will participate in his own plan of care
- Reports back to Primary Nurse
- Provides all information to the on-coming shift

Day Two and Forward

- ⌘ Other Disciplines – Rehab, Activities, Clinical Dietary staff - receive the information that explains who Mr. McNally is and what his risks for decline are
- ⌘ Housekeepers and Maintenance are told his life story so that they also can build friendly relationships
 - These staff members should already know they are expected to report any concerns expressed to them during conversations

Document Everything!

⌘ Create documentation tools that capture everything that answers all the MDS questions

- Will answer the Medicare qualifying questions
- Will drive the plan of care from Day One
- Will give you the correct RUG and appropriate payment

Webinars are Archived for five viewings

- Webinar One: Aligning Documentation and Communication
- Webinar Two: Consistent Assignments, Shift Hand-offs and Huddles, CNAs as Active Members of the Care Team at Care Plan Meetings
- Webinar Three: MDS and Quality Improvement

Next series

MDS 3.0 as the Engine for Individualized High Quality Care: Clinical Applications

- Webinar Four: Transitions in Care
- Webinar Five: Promoting Mobility and Reducing Falls by Individualizing Care and Eliminating Alarms
- Webinar Six: Individualizing Dining