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 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.

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FACILITATOR INSTRUCTIONS

MATERIALS NEEDED:

1. Flip chart paper and marker for each table
2. Hand-outs:
    a. Quality of Care + Quality of Life Worksheet
    b. Tip Sheet
    c. PowerPoint slides

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.

Introduction to the Topic: Individualized Dining: New Practice Standards

Time: 3 minutes

Content: Explain the following to your group:

Nursing home regulations affirm that each resident has the right to make choices about "aspects of life significant to them", including when and what to eat. Nursing homes are expected to be "proactive" in assisting residents to fulfill their choices.

Being able to eat according to one's own routines is essential for well-being. Each of us has our own established pattern for when and what we eat. We have comfort foods, favorite foods, and routines for our meals. When we don't eat according to our usual routines, we don't feel like ourselves. We know how essential eating is for physical health. Yet, many people living in nursing homes don't eat well.

The New Dining Practice Standards developed by the Pioneer Network Food and Dining Clinical Standards Task Force references research findings that:

- *50%-70% of residents leave 25% or more of their food uneaten at most meals*
- *60%-80% of residents have a physician or dietitian order to receive dietary supplements*
- *25% of residents experienced weight loss*

- *The prevalence of protein energy under-nutrition for residents ranges from 23% to 85%, making malnutrition one of the most serious problems … in long term care. Most residents with evidence of malnutrition were on restricted diets that might discourage nutrient intake.*

Restricted diets and dietary supplements, given to prevent poor outcomes, carry their own risks. The New Dining Practice Standards support a shift from dietary ***supplements*** to dietary ***preferences*** by serving real food first and honoring residents' choices for when and what to eat. Given the importance of nutrition for health, and the impact on appetites when residents don't have options to eat what and when they are accustomed to eating, individualizing dining provides a pathway to improve physical and psycho-social well-being for residents.

Today's webinar introduces the standards and explores how to apply the new practice standards to complex clinical situations. It contains stories of two residents, one of whom participates in the webinar. Their situations are challenging – one resident has a large pressure ulcer and the other a swallowing problem. In both examples, staff were able to find the solutions to their quality of care concerns by honoring their customary routines and preferences for when and what to eat. The staff engaged in a collaborative process to make available the foods residents wanted to eat at the times most comfortable to them. As a result, their health and well-being both improved.

Learning Experience # 1 Personalize the Experience

Time: 10 – 30 minutes

Process: Prior to viewing the webinar, do this exercise as an introduction to the topic to personalize the experience.

Paired discussion: Ask people to form pairs at their tables and ask pairs to share their personal eating routines with each other by answering the following:

What do you like to eat and when throughout the day?

Debrief: In a room-wide discussion, ask a few volunteers to share so that you have examples of a range of habits. People will describe varied patterns. Some people "graze" – eating throughout the day. Some have big breakfasts, others light breakfasts, some big dinners, others light dinners. Favorite foods will also vary.

As each volunteer describes their pattern, ask how it is for them when they can't follow their routine. People will talk about ways they don't feel like themselves or get thrown off and irritable, if they don't eat the way they are used to.

Point out that while there was a wide range in the room of preferences for when and what to eat, there was a common experience of irritability when those preferences weren't met.

Explain that we understand best when we have a personal experience. Encourage homes to do this exercise with their leadership team and staff, as a first step in individualizing dining.

Optional Table discussion: Ask people to sit at mixed tables, not with their co-workers, and to share with their table-mates ways they individualize dining for residents at their homes.

Learning Experience # 2
Quality of Care Medical Goals and Interventions + Quality of Life Considerations Used as Methods = Better Quality of Care and Quality of Life Outcomes

Time: 30 minutes

Material: Quality of Care + Quality of Life = Better Outcomes Worksheet

Process: After Carolyn's story, stop the webinar for this exercise. Have everyone take out the worksheet. Ask each table group to work together to complete one worksheet.

Explain how to use the worksheet:

1. In the first column, **Quality of Care**, identify the clinical goals/medical interventions to heal Carolyn's pressure ulcer (such as need for more protein).

2. In the second column, **Quality of Life**, list the ways the home addressed the concerns in accordance with Carolyn's customary routines and preferences.

3. In the third column, Better **Quality of Care**, list the outcomes.

Examples include:

Quality of Care Medical Goal / Intervention	**Quality of Life Considerations / Methods**	**Quality of Care and Quality of Life Outcomes**
High protein foods based on resident preference	Extra bacon and eggs, chocolate milk in fridge	Protein up, wound heals
Identify positions of resident comfort, avoiding wound pressure	Make her comfortable in her chair	Wound heals

Content: Probe the following areas:

1. **Quality of Care**
   - ∞ What were the initial differences in how the staff and Carolyn defined the goals?
   - ∞ What was their common ground? How did they arrive at their common goals to heal Carolyn's pressure ulcer through healthy diet with sufficient protein and by relieving the pressure on the wound area?
   - ∞ Was it that they had different goals, or different ways of achieving them?
   - ∞ Once they joined goals, how did they achieve a "win-win"?

2. **Quality of Life**
   How did they individualize their approach? How did considering Carolyn's preferences give them a path to their clinical goals? Areas include providing the proteins Carolyn likes at the times of day that meet her eating patterns, and helping her shift her weight while in her favorite chair instead of having her lie down.

3. **Better Quality of Care**
   - ∞ How were the outcomes before the staff individualized their approach?
   - ∞ How were the outcomes after staff individualized their approach?
   - ∞ How did knowing Carolyn's customary routines help her heal?

Conclude by underscoring that individualizing their approach to Carolyn's routines and preferences helped staff do a better job in providing quality of care. One of the new standards of practice is to use "real food first." In Carolyn's case, it was essential that she have protein in her diet to heal her pressure ulcer. Rather than use dietary ***supplements***, the staff used Carolyn's dietary ***preferences*** to ensure she had enough protein. ***Using knowledge of residents' customized routines to individualize dining for residents with health conditions brings about good nutrition***. Consider using the formula of Quality of Care + Quality of Life to achieve good quality of care and quality of life outcomes.
Return to webinar

Learning Experience 3: Sharing Strategies for Individualizing Dining

Time: 30 minutes

Material: Flip chart paper and marker for each table

Process: At the end of the webinar, note that while the staff had used thickened liquids because they were concerned that David could choke or aspirate, the approach actually caused him to be hospitalized for dehydration from not drinking because of how much he disliked the thickened liquids. An approach intended to reduce risk carried its own risks.

Ask participants to think about examples from among their own residents of situations in which they worked with residents with swallowing problems or other medical concerns, and were able to accommodate their individualize preferences. ***How were they able to minimize risks and maximize choice?*** Ask them to share their experiences with each other at their tables. (Allow approximately 10 minutes for this discussion.)

Ask table groups to discuss the following, using the flip chart paper to keep notes. Use the PowerPoint slide with these questions on it to guide the small group discussion.

1. ***Minimize Risks and Maximize Choice*** in assessment and care planning –
    a. **What** would need to be assessed and included in the care-plan?

    b. **Who** would need to be involved in assessing and care planning?

2. ***Implementation*** –
    a. What training would be needed for which staff to be able to support maximum choice with minimum risk?

    b. How would staff handle situations in which a resident wanted to eat something that could present a choking danger? What supports would need to be in place to assist staff in assisting residents to exercise their choice? Examples of supports:
        i. Dedicated staff consistently assigned so they know the resident well
        ii. Shift huddles to share up-to-date information about each resident
        iii. CNAs involved in assessment/care planning to understand risks and choices
        iv. Receptive and available nurses CNAs can check in when situations come up
        v. The ability to problem-solve with dietary to identify options in the moment

3. ***Policies*** – What policies need to be in place to support individualized dining?

Facilitate room-wide discussion. Review the **Tip Sheet** and ask for any other tips.
Refer participants to the Pioneer website for the resource papers from the Dining Symposium and for the new Dining Practice Standards.