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.

FACILITATOR INSTRUCTIONS

MATERIALS NEEDED:
Hand-outs:

a. Resident – CNA Interview questions from Park Avenue Extended Care
b. Tip Sheet on Shift Huddles
c. Section F of MDS on Customary Routines (page 12 of MDS)
d. Section G of MDS on Functional Status (pages 14-15 of MDS)
e. McNally cards
f. PowerPoint slides from webinar

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: Smooth Transitions in Care: Getting New Residents Off to a Good Start

Time: 5 minutes

Content: Explain the following to your group:

Transitions can be traumatic, especially when people are frail. For people coming into a nursing home from the hospital, that transition is smoother when there is good coordination between the nursing home and the hospital and when there is good coordination internally within the nursing home across shifts and departments.

In today's session, we will focus first on the internal process – how, when staff learn as much as they can about someone coming in, as quickly as possible, they are immediately able to get people comfortable and off to a good start in their stay. The smoothest of transition in the door during first few hours can be so diminished unless the information is shared with subsequent shifts of staff.

When residents and families first come into a nursing home, they are at a point of heightened stress from whatever problems led them to need a nursing home, and also because they are worried about what it will be like to be in the nursing home. If they share information with staff and then find that it is not known by others who take over their care, their worry increases.

While nursing home staff have had many residents come and go, for most residents and their families, this is their first experience of being in a nursing home. They don't know how it works and they are afraid and traumatized. It helps to remember that everything is new and unfamiliar for them.

Whether residents are entering for a short-stay or for the long-term, this is a big event in their lives and one they are nervous about. They need a lot of support. They also may be very tired from all the preparations to come to the nursing home, or from having been at the hospital before they came.

There is a considerable base of evidence about practices that can alleviate transfer trauma. These practices focus on ways of anticipating and meeting people's psycho-social needs, helping them acclimate to unfamiliar surroundings, and providing immediate comfort and security. We only get one chance to make a good first impression. If we can help residents get off to a good start, it can make the difference in their having a good stay. We can help staff get off to a good start with a new resident by making sure staff have the information about the person so they can be ready to give a good welcome when the person arrives.

Smooth transitions from the hospital can prevent re-hospitalization, and promote the return to home for short-stay residents. An effective hand-off process between the hospital and nursing home staff helps residents maintain their highest practicable well-being right from the start.

This webinar features three nursing homes, one primarily serving people with advanced dementia, another primarily serving people with short-term rehabilitation needs, and a third with a mix of residents. For each home, knowing residents' personal routines and history is key to ensuring that they get off to a good start to their stay.

They will describe how they use organizational practices described in Webinars One – Three in ensuring a good welcome, such as consistent assignments of staff, huddles to share information about residents and their needs. Internal coordination among CNAs, nurses, admissions staff, dining, rehab staff, and others helps them make sure each new resident's transition into their nursing homes is comfortable and seamless.

Learning Experience # 1 What Would You Need?

Time: 20 - 30 minutes

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

Ask people to pair up with each other at their tables to have a 2-person conversation. One group can have 3 people if there is an odd number of people.

Content:
Introduce the exercise by explaining that to explore how to have a good welcome, it helps to personalize the experience – to think about, for ourselves, what would we need in the first few hours if we were to go into a nursing home.

Remember that anything can happen to any of us, in a moment, that can put us in need of a nursing home. **So don't talk about what your residents need – really think about <u>what you would need</u>**.

In your pairs, talk with each other about: (Make a PPT slide with this question on it and show it as you present it for discussion)

- ***What would <u>you</u> need in the very <u>first few hours</u> if you needed to come into a nursing home for a short stay or to live for the long term?***

Allow 3-5 minutes for the pairs to discuss the question. Then ask people to bring their conversations to a close.

Ask volunteers to share what they would need in those first few hours. You'll hear different answers because our needs are very personal. Typical answers are:

- Warm Personal Greeting
- Orient me - Show me around and explain how it works here
- A chance to settle in and put my things away
- Help me get a bite to eat, go to the bathroom, or rest
- Ask me my preferences - what I want to eat, when I want to go to bed, and when I'd like to wake up
- To call my family or have them stay with me for dinner

After several people share, identify the themes you hear. Almost everything said will be about the need to acclimate, orient, gather oneself together, feel secure, and have connection. These are psychosocial needs at a time of great anxiety.

Point out the nature of the needs people identify and contrast these needs with the typical "admissions check-list" that includes actions that unintentionally heighten people's fears – such as full body skin checks, asking whether people want to be resuscitated, and which funeral they have arrangements with – not exactly reassuring! While we go through our to-do list, we have to pay attention to people's human needs.

Open discussion/Ask the group: ***What would happen for you if you didn't have those human needs taken care of?***

What would you experience if you found that all over again you had to tell new staff coming on what you needed?

At tables, have participants share best practices in their welcome process now.

If time allows, have open discussion and sharing of good ideas people have shared at their tables.

Show First Part of Webinar with content from Glenridge staff (approximately 30 minutes)

Learning Experience #2: Promoting Mobility

Time: 20 min.

Process: Have everyone look at Sections G0110 and G0300

Content:
In the webinar, Shelley, CNA, and Tarsha, RN describe how they observe the functional abilities of a newly arrived resident in the course of taking care of their immediate needs and helping them be comfortable. If residents arrive late in the day, they may not be able to have a formal assessment of their abilities until the next day. Yet knowing immediately how steady someone is allows staff to take action immediately to promote their mobility rather than constrain it.

Ask each table group to share any best practices they have for getting this information about someone's functional abilities right away. Have them brainstorm ways to get information in the course of the first couple hours of welcome.

Have a room wide discussion.

Ask in open discussion for anyone to share how they help ensure that people can safely navigate their way to the bathroom that first night.

Encourage participants to look at their data when they go back home and see how many people have a fall in the first 24-48 hours after their arrival, and how many have alarms put on within those first couple of days.

Return to webinar

Listen to Section on Rhythm of Life from Loomis House and CNA-Resident Interviews from Park Avenue Extended Care

Learning Experience # 3: A Good Start for Mr. McNally

Time: 20 minutes

Process:
Hand out Section F, Park Avenue CNA-Resident Interview Form, and McNally cards.

Have each group deal out the cards. Ask everyone to put into the center of the table all the cards that explain what Mr. McNally was like when he first came in. Put the other cards aside. Now look at the cards about Mr. McNally when he first came in.

Content:
Remind people that Mr. McNally went downhill fast because we didn't give him what he needed when he first came in. Now we have a chance to get him off to a good start and to have a better stay.

Ask people to look at the **Mr. McNally cards** with the information about when he first came in. Ask them to discuss: ***How can you use this information to help Mr. McNally in the first few hours? The first 24 hours?***

Ask people to look at **MDS Section F on Customary Routines** and the **Park Avenue Extended Care CNA-Resident Interview Form**. Discuss:

- How can you get this information to the staff who care for a resident before or as soon as the resident arrives? What else would be important for **primary caregivers to know in the first few hours**? (immediate personal needs, a person's evening and morning routine)

- How can it be shared among co-workers? How can this information be passed along to the next shift?

Hand-out the Shift Huddle How-to and note that this is a time and place to pass on to the next shift that initial information on about a new person's needs AND how the person is doing with the whole transition process.

Room wide discussion.

Return to webinar. At end of webinar, have one last discussion

Learning Experience # 4: Smooth Hand-offs

Time: 20 minutes

Process/Content:
Have a room wide discussion. Ask participants to share any practices they have with hospitals to support a good hand-off, such as nurse-to-nurse report or common transfer documentation with hospitals, and any efforts they have underway.

Let this be a full room-wide discussion and sharing about strategies people are using, and what they are experiencing.

Close by encouraging homes to reach out beyond the hospital discharge planners to talk with QA staff or clinical leads in departments where residents are commonly admitted from, to explore protocols for a smooth transition.