



Integrating the MDS 3.0 Into Daily Practice

**Webinar Series Two:
Clinical Applications**

Welcome to Webinar Six

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

Pioneer Webinar Series

Series One: Organizational Practices (archived)

Series Two: Clinical Applications:

Feb. 9th – Promoting Mobility

Mar. 22nd – Individualized Dining

Today's Webinar: Smooth Transitions in Care:
Getting New Residents Off to a Good Start

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

Presenters:

- Team from Glenridge Living Community, Augusta, Maine
- Lori Todd, Administrator, Loomis House, Holyoke, Massachusetts
- Team from Park Avenue Extended Care, Long Beach, NY, part of the Quality Care Community's MDS 3.0 Learning Collaborative, a Labor Management Partnership, NYC



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Glenridge Staff – left to right: Vanessa Broga LSW, Shelley Colfer, CNA III, Connie McDonald, Administrative Director, Tarsha Rodrigue RN/NM, Jodi Mulholland RN/DNS, Not in picture: Ellen Fuller RN/CNS



Vanessa Broga, Social Worker



Vanessa Broga, Social Worker

- It's helpful when we have advance notice
- Social history gives us needed information
- We learn as much as we can
- This helps us deal with the emotions of moving in



Vanessa Broga,
Social Worker

- Where they grew up
- What their family life was like
- What their profession might have been
- We pass this information on to staff that will be working with them



Vanessa Broga, Social Worker

- We pass this on through rounding
- We meet every day to prepare staff
- We're learning preferences
- Hobbies
- Afternoon nap
- This helps us get to know them



Vanessa Broga, Social Worker

- We encourage people to tour first
- When they arrive we greet them up front
- We introduce them to staff



Vanessa Broga, Social Worker

- Families want to be a part of our team
- Families help us build the care plan
- Families are a part of our care partner team



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Vanessa Broga, Social Worker

- We involve families; It's therapeutic for them too
- They help us build the care plan
- We write the social history in an "I" statement, as if they were writing it



Vanessa Broga, Social Worker

- They are part of our care partner meetings
- We value what they share with us



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Tarsha Rodrique, RN, Neighborhood Nurse Manager



Tarsha Rodrique, RN, Neighborhood Nurse Manager

- We know in advance who is moving in
- We let staff know as soon we know
- We're good about getting the word out about who's coming and what their needs are



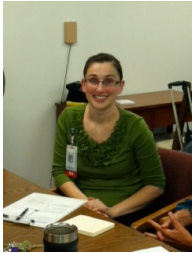
Tarsha Rodrique, RN, Neighborhood Nurse Manager

- Our shift change and huddles are time to share the information
- Social services comes to the huddle
- When someone comes to us from home it is a little harder for us to get information
- This is when the shift huddles are most important



Tarsha Rodrique, RN,
Neighborhood Nurse Manager

The nurses have an interdisciplinary
assessment that is our interim plan of care



Tarsha Rodrique, RN, Neighborhood Manager

- The charge nurse and CNA meet the resident at the door
- Introductions are made
- “Conversational Assessment”
- Information gathered slowly in the process of moving in
- Ask BIMS questions in a less formal way
- They are not put on the spot



Tarsha Rodrique, RN,
Neighborhood Manager

“Our priority is not the
paperwork, it’s making the
resident comfortable”



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Shelley Colfer, CNA III



Shelley Colfer, CNA III

We talk about:

- Their level of care
- What they need
- Are they at risk for pressure ulcers
- Their diet

Then we pass it on to the next shift



Shelley Colfer, CNA III

- We greet them at the door
- They may talk to Social worker first
- I immediately try to build trust and relationship by talking to them and their families



Shelley Colfer, CNA III

- My co-workers help me with my other residents so I can focus on them
- It may take 45 minutes to an hour
- I check back frequently

Shelley Colfer, CNA III



- We're assessing them during this time
- We build it in to this time
- We make it as relaxed and comfortable as possible
- We're checking how they transfer



Tarsha Rodrique, RN, Neighborhood Manager

To help us get to know our residents:

- We have mood and behavior diaries
- Continence diaries



Tarsha Rodrique, RN, Neighborhood Manager

- The continence diary lets us know when they need to go to the bathroom; and do they go at the same time every night
- This information is then used in the plan of care



Tarsha Rodrique, RN, Neighborhood Manager

- The mood and behavior diary is good because it lets us know what works and we can pass it on
- We want to know what works for them here



Shelley Colfer, CNA III

- We ask if they are tired
- We see their gait
- We honor their choice
- We use gentle awakening



Shelley Colfer, CNA III

- We talk to the shift before
- We find out how they slept
- We gently touch them to see if they are awake



Shelley Colfer, CNA III

- I report to the nurse what I am seeing
- I let my team members know what I am seeing
- We pass it on to the next shift
- I introduce the next shift to the resident



Shelley Colfer, CNA III

- There are signs that let us know what they need
- It comes naturally just being in it every day
- I try things out to see what they need
- It's all about getting to know them as a person
- It takes a few days to get to know likes and dislikes



Shelley Colfer, CNA III

- We pass on information about what works from shift to shift
- I spend time with families and the resident
- They give me input
- They tell me favorite foods
- What worked for you at home?

Rhythm of Life

Lori Todd, Administrator
Loomis House, Holyoke, MA



Park Avenue Extended Care Team Left to right:
Lois Schram, Pat Soto, Pat Matthews, Lystra Thomas



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Patricia Soto, DoN



Patricia Soto, DoN

- We started with the artifacts of culture change questionnaire
- We saw that our CNA involvement was very low
- From that we started to have CNA's attend the care plan meeting



Patricia Soto, DoN

- We all decided to develop a questionnaire that the CNA's would use for new residents



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Lystra Thomas, CNA



Lystra Thomas, CNA

- We had no idea at first
- The questionnaire was helpful
- We gave information
- It made it easier for us and for the residents



Lystra Thomas, CNA

- We used the McNally case and learned about asking questions about what they like
- When they get here it's like home away from home



Lystra Thomas, CNA

- We now do things on their time
- They eat and sleep on their own time
- Watch TV on their time
- We're not here to tell you what you must do. It's all about what you want to do



Lystra Thomas, CNA

- We're not on a schedule anymore
- We have time to talk
- They are happy and we're happy
- We work with dietary
- There is an accountability book
- It lists resident preferences



Lystra Thomas, CNA

- The difference is that we meet their needs and they are more comfortable
- The information is not only in the care plan, we have it on hand
- We have a better relationship because we have information



Pat Matthews, RN, Unit Manager



Pat Matthews, RN,
Unit Manager

We had only five simple questions:

1. How would you like to be addressed?
2. What time do you want to shower?
3. What time do you want to go to bed?
4. What time would you like to wake up?
5. What would make you comfortable?



Pat Matthews, RN, Unit Manager

- We adjusted shower times
- All the information is put in the CNA accountability book
- It gives us good information about what is important
- We adjusted therapy sessions
- We found that most would like to get up later



Pat Matthews, RN, Unit Manager

- We individualize each residents plan of care
- There is a bond between resident and the CNA
- Everything goes smoothly
- Fewer complaints
- Residents are more calm
- Residents go home happy



Patricia Soto, DoN

- It's seems simple, but our five questions really work because it's what's important to the resident
- Now we accommodate their schedule



Patricia Soto, DoN

- The residents are happier when their therapy is later
- When they wake on their schedule they can tolerate more therapy
- They are happier
- Improves the outcome
- Improves reimbursement because they tolerate therapy, and they don't miss a session



Patricia Soto, DoN

- The communication between residents and CNA's has improved because there is follow through
- When they tell the CNA something it gets done



Patricia Soto, DoN

- The shower schedule is on the residents' schedule
- Residents' therapy is at their time
- Our schedule now is to meet what they need



Patricia Soto, DoN

- Morning meeting is interdisciplinary
- We bring up residents' preference; it's not just nursing or just dietary
- The questions that the CNA asked are given to the unit manager and brought to morning meeting



Patricia Soto, DoN

- CNA's now know how much we value them
- They know they are appreciated



Patricia Soto, DoN

- Residents are known better right from the start
- Their frustration and agitation level has decreased
- They have confidence in us
- There is trust
- Relationships have improved
- We have fewer complaints
- People come back



Lois Schram, Consultant for Quality Care Community's MDS
3.0 Learning Collaborative,
a Labor Management Partnership, NYC



Lois Schram, Consultant, Quality Care Community's
MDS 3.0 Learning Collaborative,
a Labor Management Partnership, NYC

- They trust each other on all levels
- Because the trust has improved, the relationships have improved
- Because the relationships have improved the care has improved
- Everyone has benefitted from this process



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Jodi Mulholland, DoN



Jodi Mulholland, DoN

- We have a collaborative approach with the hospital
- We use the same format and documentation
- We are working with the ER for continuity of care



Jodi Mulholland, DoN

- Communication is key
- We work to together to make a smooth transition



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Tarsha Rodrique, RN, Neighborhood Manager



Tarsha Rodrique, RN, Neighborhood Manager

- Our primary nurses will call to get a report from the previous primary nurse
- Information is primary nurse to primary nurse
- We call the ER right after we call the ambulance



Jodi Mulholland, DoN

- In an emergency situation it's a matter of the diagnosis and why we're sending them
- We relay information directly nurse to nurse
- We know what to expect and they know too



Jodi Mulholland, DoN

- Knowing the cognition level is important
- We are working with the Emergency Dept
- It's the simple things that need to be said
- We use a universal form
- Current information is shared
- We all want the same thing



Connie McDonald, Administrative Director,
Maine General at Gray Birch and Glenridge

- The ED is no place for the elderly to be hanging out
- There is a push now to improve transitions in care and reduce returns to the hospital
- Everyone has a stake in this
- Communication and relationships are key



Connie McDonald, Administrative Director,
Maine General at Gray Birch and Glenridge

- We have a collaborative to improve communication
- This is driven by patient centeredness
- We work collaboratively with the hospital case managers
- What do you need? What can we get for you? is core to good communication



Connie McDonald, Administrative Director,
Maine General at Gray Birch and Glenridge

- Communication forms are consistent
- We want families to tour so they are involved sooner
- Good questions and information comes from this
- With good information a decision can be made quicker
- Smooth transitions mean better resident satisfaction



Connie McDonald, Administrative Director,
Maine General at Gray Birch and Glenridge

- Somebody's listening
- Somebody's caring
- Trust is key to being successful
- You can meet the medical needs and still make someone miserable
- The goal is that the person feels enveloped by caring people



Tarsha Rodrique, RN,
Neighborhood Manager

- Relationships help with care
- Knowing the person helps make it home
- You are not going to change their routine



Tarsha Rodrique, RN,
Neighborhood Manager

When you know the person you can
ease depression



Jodi Mulholland, DoN

- We have to step back from the task
- Explain everything you are doing
- The task becomes easier
- Getting to know the resident makes the work easier



Shelley Colfer, CNA III

- Allows for empathy
- Knowing the little things makes them comfortable and loved

Next Series: Operationalizing OBRA

- Webinar Seven – May 17
MDS and Quality of Life: Operationalizing Customary Routines
- Webinar Eight – June 19
MDS and QAPI: How to Improve Outcomes through Just-in-Time Assessment, Care Planning and Quality Improvement by Staff Closest to the Residents
- Webinar Nine – July 19
Individualizing Care and Environments: Non-pharmacologic Interventions Instead of Anti-Psychotic Medications

Series 1

Integrating the MDS Into Daily Practice and

Series 2

Integrating the MDS Into Daily Practice, Clinical Applications

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