Facilitator's Guide

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:

1. PowerPoint slides from webinar
2. Homelessness Among the Institutionalized Elderly, by Judith Carboni
3. Section F of the MDS

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:
MDS and Quality of Life: Operationalizing Customary Routines

Time: 5 minutes

Content: Explain the following to your group:

CMS has announced an initiative to reduce the use of anti-psychotic medications and has indicated that one of the primary ways to achieve this reduction is by individualizing residents' care and routines. This webinar series is a blueprint for operationalizing customary routines and other quality of life factors and will help practitioners reduce anti-psychotics for people whose agitation is generated by the impact of living according to institutional routines.

The authors of OBRA '87 and the implementing regulations recognized that quality of life and quality of care are both necessary for each resident to experience "their highest practicable physical, mental, and psychosocial well-being." They relied on the Institute of Medicine's study on Improving Nursing Home Care, which found a substantial body of medical evidence that individualizing care is the best way to get the best results. At the time, research already documented the negative impact for residents when they felt displaced and "homeless," and the positive impact when residents' feel *at home*. A seminal piece of research, by Judith Carboni, a gerontological nurse researcher, found that when residents feel "homeless" they experience psychic despair with severely adverse medical consequences.

Quality of life regulations and survey guidelines detail one important aspect of psycho-social well-being: each person's right to make choices over: Activities; Schedules; Health care; Interactions with members of the community; and Aspects of his or her life that are significant to the resident. The guidelines explain that choices over schedules include waking, eating, bathing, going to bed at night, and health care schedules.

These areas of choices are incorporated into the Customary Routines section of the MDS, and into resident interviews conducted by survey teams. Surveyors are instructed to determine that homes actively seek information, are "pro-active" in assisting residents to fulfill their choices, and make residents' choices known to caregivers.

When the law and implementing regulations were written, a number of early pioneers were already individualizing daily routines. Their experiences were relied on in developing the Quality of Life and Restraints survey guidelines and the original MDS section on Customary Routines. However, for the vast majority of homes and residents, the morning still was organized more around the facility's schedule for meals, the med pass, and activities, than around each resident's customary routines. Accommodating residents' routines under those circumstances was done by exception rather than as the norm, and was often viewed as in conflict with medical needs and outcomes.

Over the past 20 years, a growing number of nursing homes have successfully transformed their operations so that residents can fulfill their choices, as the rule and not the exception. As they have done so, they have seen dramatic clinical improvements and have realized, as Carboni did in 1987, that the institutional routines had been generating environmentally induced declines. As residents have been able to get a good night's sleep, awaken naturally, and maintain their daily rhythms, their agitation levels have reduced and their appetite, mode, strength, balance, and well-being have improved.

In this webinar, staff, and a resident, from one such home, St. Camillus Health Center in Whitinsville, MA, describe how they have operationalized customary routines so that residents maintain their own rhythms in waking and sleeping, eating and bathing. The webinar provides a surveyor perspective on Quality of Life from Rhode Island surveyors who participated in an Individualized Care Pilot in which they focused on quality of life, and from Karen Schoeneman, who, since 1991, has been the lead person at CMS for Quality of Life and has trained over 5000 surveyors. It also includes a video clip of practitioners explaining how individualizing daily routines leads to better clinical results. Feeling at home is a key to helping each resident achieve their highest practicable physical, mental, and psychosocial well-being.

Learning Experience # 1 What Does Home Mean to You?

Time: 20 - 30 minutes

Process:
Prior to viewing the webinar, do this exercise as an introduction to the topic to personalize the experience. Use a learning circle. Make sure each table has a similar number of participants so that they take a similar amount of time in their go-round.

Explain how a learning circle works:

- Anyone can start and the go-round can go in either direction
- Anyone can pass. After having gone all the way around, the person who started asks those who passed if they would like to go
- When someone's talking, everyone else listens intently, with no questions, comments, or other interruptions.
- Once you've gone all the way around, you can have open discussion

Content:
Introduce the exercise by explaining that to explore quality of life and customary routines, it helps to personalize the experience – to think about, for ourselves, what *being at home* means to us. Remind people to think about their own homes, not their nursing homes.

Ask people to share their response to this question: (Make a PPT slide with this question on it and show it as you present it for discussion)

- **What does *home* mean to you?**

Allow 3-5 minutes for the pairs, and 8 - 10 minutes for a learning circle, to discuss the question. Then ask people to bring their conversations to a close.

Ask volunteers to share what they talked about.

Then share Judith Carboni's research. *Make sure to have read the article so that you can explain her findings.* The webinar will open with a reference to her work and contains slides that you can use to explain what she found.

For background, tell the group that as a nurse working in long-term care in 1987, she was interested in knowing the degree to which residents felt at home, and the impact of their experience of being at home or not at home, on their medical condition. She did a comprehensive review of the literature about the meaning of home, and she conducted interviews, both with people who were homeless on the streets of Boston, and with people living in nursing homes in New England.

She identified seven key elements of home and their opposite for people who experienced homelessness. While she uses researcher language, many of the concepts she describes will match what people in the room said. Make the connection between her concepts and their comments.

She saw the experience of being at home and being homeless along a continuum. At the "home" end, there is a "strong, intimate, fluid relationship between person and environment" and at the homeless end, there is a "severely damaged and tenuous relationship between person and environment." In 1987, she found that most people in nursing homes felt more homeless than at home. One resident said, "We know who makes the rules here and it's not use." Residents whose experience mirrored homelessness were in "psychic despair," a condition with medical and psychosocial implications. Her pressing question was whether this could be alleviated. Based on examples in which residents were able to exercise more choice over their daily life and make their physical environments reflect back to them, she was convinced that psychic despair could be reversed.

A key to understanding the power of her findings is that the feeling of being at home is important whether somebody is in a nursing home for a short stay or for the rest of their lives. Feeling at home while rehabilitating, and maintaining one's customary routines for waking, sleeping, eating and bathing while in the nursing home, helps a person respond better to therapy and return home more successfully. Feeling at home while in the debilitation of dementia helps ease anxiety and agitation. Being at home while living for years in a nursing home can allow for the nursing home to be one's "new home," as the resident who speaks at the beginning of the video says about her own experience.

<u>At tables, have participants share ways that they help residents now to feel at home.</u>

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

Show First Part of Webinar with content about how Quality of Life regulations and the survey process and the importance of consistent assignment in knowing each resident's routines. (approximately 20 minutes)

Learning Experience #2: What is Your Morning Routine? Making Residents' Preferences Known to Caregivers

Time: 30 min.

Material Needed: Section F of the MDS

Content:
The webinar opens with Alice, a resident, talking about how much she loves her routine, and ends with a CNA describing how important it is to one of her residents that his routine be followed. Karen Schoeneman from CMS and the surveyors from RI talk about how they look to see that staff know and are honoring residents' routines. Karen says that consistent assignment seems essential in being able to honor routines. So let's look at the importance of routines, and ways to make sure that each resident's routines are known to those who care for them.

Process:

This exercise has three parts, each about 10 min:

1. Ask each person to write down their personal morning routine, from the moment they awaken until they leave the house to go to work.

   Now, in pairs, have them share their routine with their partner.

   In a room wide discussion, ask people what it feels like when they don't get to have their morning routine. They will say that they are thrown off for the whole day. Ask how it would feel to come into a nursing home and be thrown off of their schedule - how would it affect their spirit and their ability to respond to the care being provided.

2. Have table discussion. Ask each person to share:
   - what they are doing now to help residents have their own morning routine
   - what challenges they face and how they are overcoming the challenges
   - advice for each other

   Make a slide with these questions on it so they stay on track.

3. Have open room discussion about how homes make sure that direct caregivers know what each resident's routines are from Day One and how they pass this information along from shift to shift.

End the discussion by tying back in to the organizational practices that facilitate relational coordination – consistent assignment and huddles. Clearly the best way to know a resident's routines is to have the same person taking care of them each day so they are known to their caregiver. Putting answers to some of the questions from Section F of the MDS onto the CNA assignment sheet will ensure that staff know residents' routines even if they do rotate, or if a substitute caregiver is providing care.

For staff to honor residents' routines, they'll need to have flexibility in when they can offer food, when meds are given, etc. A huddle is a great way to discuss this with others who can help operationalize residents' preferences. A huddle is also a vehicle for the admissions/social services/activities director to discuss with staff a new resident's routines and how new residents are doing.

Return to webinar

Listen to Section where staff from St. Camillus describe how they individualize mornings, nights, bathing, and dining, and section video clip of practitioners say that individualizing care leads to better outcomes.

Learning Experience # 3: Sharing How-to's for Operationalizing Customary Routines

Time: 30 minutes

Process/Content:

This section has three parts:

1. Table sharing: Ask people to use a learning circle to share what struck them in listening to the last part of the webinar.

2. Table sharing: Share best practices in honoring residents' routines in waking, sleeping, eating, and bathing

3. Room discussion: Have a full room-wide discussion and sharing about strategies people are using, and what they are experiencing. Especially probe about:

    a. The impact on residents
    b. The impact for staff
    c. Operational strategies

Close by letting people know that in the next webinar, we'll hear about how to use QI processes to individualize care.

These concepts will then be applied in the next series to explore how through that process, participants can use individualized care as a non-pharmacologic intervention instead of anti-psychotic medications.