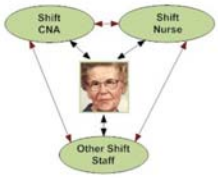
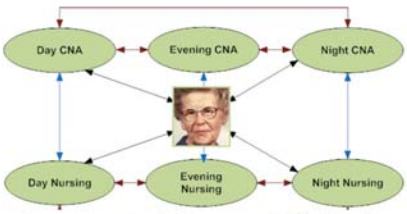
Scenario: Mary is not feeling well

	With Consistent Assignment and Huddles (for communication between and across shifts)	**Without Consistent Assignment and Huddles**
Day 1	 Her consistently assigned CNA notices her behavior is unusual during the day and that she is "not herself" and seems agitated.  Mary's CNAs share their observations as the team reports by exception during huddles. The clinical team takes note. Tests are done and they learn that Mary has a UTI and pneumonia. She is put on medication to treat the infections.  Information is communicated across shifts for observation and followup.	 CNA STOP CNA Nurse STOP CNA Nurse STOP CNA Nurse STOP CNA Nurse Mary's CNA is not consistently assigned and does not have a relationship with her. She does not recognize the differences in Mary's behavior. CNAs and nurses do not have communication mechanisms within or across shifts. Even if a CNA notices changes in Mary's behavior, it is not effectively communicated with the rest of the team. Since Mary's nursing staff do not communicate in a systematic way with her care staff, they are unaware of any changes In her behavior and do not follow-up to investigate further.
Day 2	 The medication is helping. Mary's condition improves. By the end of day 2, her caregivers see that she is more herself.	 Mary's condition continues to worsen. She is lethargic and disengaged.

Developed by Amy Elliot, PhD, Sonya Barsness, MSG and Barbara Frank. Based on B&F Consulting's method for Engaging Staff in Individualizing Care, incubated in Pioneer Network's National Learning Collaborative on Using the MDS as the Engine for High Quality Individualized Care. Funded by The Retirement Research Foundation.

Day 3	Mary's consistently assigned care team continues to observe her condition and report back to the clinical team.	 Mary's condition continues to worsen. She has no appetite and is confused. She is agitated when staff try to get her up.
Day 4	 Mary is well.	 Mary falls. At the hospital, she is diagnosed with a UTI and pneumonia. She is agitated so the hospital starts her on an antipsychotic, PRN.
Day 5 and ongoing  Mary is well.		**Conference Room** The leadership team discusses Mary's fall and hospitalization in morning stand-up. The clinical team meets to investigate the fall. When Mary returns, they do the MDS, and a new care plan with their fall prevention intervention.

Scenario Summary

Mary
Total Days Mary's Quality of Life affected: 2
Quality of care outcomes: UTI meds and her mood returns to normal

Resources
Staff involved: Mary's core care team
Staff Time: 1.5 hours

Total Time & Cost
Time: 2-3 days
Additional cost: Minimal

Mary
Total Days Mary's QOL affected: 30+ days
Quality of care outcomes: Hospitalized 5 days; Pain medication and an antipsychotic added to her meds, therapy, and reduced mobility

Resources
Staff involved: Mary's core care team + Director of Nursing + Administrator + Therapy + Social Services + Admissions + Family
Staff Time (not including therapy): 10 hours (staff meetings, assessments, family conversations, additional staff help with Mary's limited mobility)

Cost
Total cost: $19,440[1]
Additional nursing home costs: $5,440[2]

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[1] Centers for Disease Control and Prevention, 2008

[2] Hoffman MT, Bankes PF, Javed A, and Selhat M. Decreasing the incidence of falls in the nursing home in a cost-conscious environment: a pilot study. Med Div Assoc. 4:95-97, 2003.)

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