



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 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.



Process

Consider mixing up the tables so that people are sitting 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. People who work together will learn more by spreading out and meeting with others to get ideas they can bring back.

If you do this, ask participants to spend the first few minutes in a go-around at their table sharing who they are, where they work, what their position is, and how long they have worked there. Explain that by getting to know each other at the table they will get more comfortable sharing.

Introduction to the Topic: Integrating MDS into Daily Practice

Time 1 minutes

Content Explain to the group:

In this webinar, Integrating the MDS into Daily Practice, administrators, DoNs, and MDS coordinators describe how to align CNA flow sheets and daily nurse charting with key elements of the MDS to achieve better clinical outcomes and capture all the care provided so it can be paid for. CNAs and nurses talk about systems that make it all work – consistent assignment, huddles, and on-the-spot problem-solving – so that staff catch problems early and intervene immediately, adjusting care accordingly.

Prior to starting to the webinar, use this exercise.

Learning Experience # 1 MDS Resident Interviews: What's It Like for Residents?

Time 15 - 20 minutes

Materials

MDS Section F Customary Routines (Page 12 of the MDS form)

Process

Explain that we understand best when we have a personal experience so we're going to have a direct experience with the MDS interview that is done with residents when they first arrive and then every three months.



Ask people to form pairs at their table. In each pair decide who is “1” and who is “2.” “1’s” are now nursing home residents. “2’s” are going to administer one part of the MDS.

Give every pair Section F. Have the “2’s” ask the “1’s” the questions from F0400 Interview for Daily Preferences and F0500, Interview for Activity Preferences.

Now ask each pair to discuss their experience: What is it like to be asked about preferences and what is it like to ask?

In a room-wide discussion, ask people to share their experience. Then ask the group to discuss, one at a time:

1. What would it be like to tell someone the answers to these questions and then find out that the people taking care of you don’t know or follow your preferences? What would it be like if the people taking care of you did know and follow your preferences?
2. What difference does it make if the resident has a relationship with the person asking them?
3. How does having a consistent caregiver affect whether residents have their customary routines followed? Why?

Ask how they find out about residents’ routines now, how they pass the information along, what helps them follow these routines and what gets in the way.

Closing

Personalizing the experience of being asked these questions gives us a way to put ourselves in the resident’s position and reflect on what it is like to be asked these questions, and how important it is to maintain our routines.

Now we’ll hear how one nursing home makes this information and other parts of the MDS a regular part of staff’s daily discussion.

NOTE: The first 8 minutes of the webinar include introductory comments that you may wish to skip. If so, start at 8:04, and at PPT slide 10.

Listen to webinar from 8:04 – 20:38. Then pause the recording for exercise # 2.



Learning Experience # 2 How is Information Shared Among Staff?

Time 15 minutes

Material

MDS Sections D (Mood), E (Behaviors), and G (Functional Status)

Process

Have participants, in small groups, look at each of these sections.

At their tables discuss:

- ∞ What difference does consistent assignment make in being able to notice any changes in these areas?
- ∞ When they see any changes in these areas, how do they pass the information along, and how do they hear about changes from other staff?
- ∞ How closely does their daily documentation match the items on the MDS?

Invite room-wide sharing of what was discussed at tables.

Closing

This assessment information is crucial. When residents' have changes in their mood, behaviors, or functional status, these need to be investigated as they are indicators of potential underlying problems. When staff take care of the same residents every time they work, they get to know residents deeply and recognize subtle changes in these areas. When CNAs catch changes early, they can address them right away, before they get worse, if they have a way to share the information with their nurses. Daily huddles are a system for staff to discuss residents every day.

Now let's take a look at how two homes have consolidated their documentation so that they don't get "documentation fatigue." Each home had an inclusive process among the staff to design their documentation forms so that they captured what the team considered to be the necessary items to note every day. By focusing on these key elements and consolidating forms so the elements didn't have to be noted in multiple places, they make sure they don't miss what's important.

Return to Webinar at 20:38 and play through to 42:56



Learning Experience # 3 So much documentation, so little time

Time 15 - 20 minutes

Material

MDS Sections D (Mood), E (Behaviors), and G (Functional Status)
Flip chart paper and marker at each table

Process

Have participants, in small groups, make a list of care and/or conditions that they currently document in more than 2 places, and note where they are documented. Now put a star next to any items that are documented in response to a plan of correction (if known).

At their tables, discuss how they could eliminate some of the places for documentation.

Next make a list of the areas of care or conditions that are most often missed in documentation.

Discuss how these could be more consistently captured.

Closing

The speakers noted that when information is to be documented in too many places, it is often inconsistent or incomplete. The homes in the webinar consolidated their documentation, and made it align with the MDS items. Their staff understood that by documenting their care and changes in their residents' conditions, they were able to be bill for all of the care they provided.

Return to Webinar at 42:56. Play to end.



Learning Experience # 5 Reflections and Take Homes

Time 10 minutes

Process

In the last part of the webinar, staff talk about knowing their residents so well, that staff know how to make people most comfortable, and staff know are able to notice slight changes, when residents are not themselves. Staff appreciate being able to share information with each other through the daily huddle, and describe how having more information about residents helps them give the best possible care, Their documentation focuses on the new, or out of the ordinary observations.

In a go-round, ask each person to share reflections on what the speakers said, and on how this information is noted, shared, and used where they work.

Closing

The MDS is more than a form. When staff care for the same residents every day, they know residents so well that they know immediately if something is different. When they huddle everyday, they can compare notes and come up with a game plan, just-in-time.