



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 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. PowerPoint slides from webinar
- b. Music Assessment
- c. Five Elements of QAPI
- d. Provide link to QI manual for front-line staff: Getting Better All the Time

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 QAPI: A High Involvement Approach

Time: 5 minutes

Content: Explain the following to your group:

The Affordable Care Act instructed CMS to develop new requirements for quality improvement activities that incorporate the retrospective approach of the current Quality Assessment and Assurance requirements with a proactive, high involvement, grassroots, continuous performance improvement approach. The new language combines these two as Quality Assurance Performance Improvement (QAPI).

While the old QAA approach focused on data collection and review by key clinical and organizational leaders, the QAPI approach is a dynamic interaction between leadership level review of organizational data and action among staff closest to the resident to determine how best to improve and then to implement improvement strategies.



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Individualizing Care and QAPI: Two Keys for Reducing Antipsychotic Medications
Webinar Eight: MDS and QAPI: A High Involvement Approach

In this webinar, first we will hear from the staff at Stratis Health Care in Minnesota, along with Alice Bonner from CMS, explain the background and process for developing QAPI, describe the five elements of QAPI, and identify links between QAPI and MDS. They stress that implementing organizational relational coordination and staff engagement practices such as consistent assignment, staff huddles, and CNA involvement in care planning will put nursing homes in a great position to be able to implement QAPI.

Nursing home staff will then share their experiences with “ground-up” performance improvement. First, LeeOra Scott, MDS Coordinator at Good Samaritan Society Ambassador describes how using QI with staff closest to the residents has strengthened her ability to ensure good assessments and care planning.

Two homes share specific examples of Performance Improvement initiatives they have undertaken. We will learn about how individualized music changed life for residents when the staff of Cobble Hill Health Center in Brooklyn, NY brought them ipods, and how they used QAPI processes to ensure the efforts’ success. Staff from Kingsbridge Heights Rehabilitation and Care in the Bronx, NY, will describe how they used QAPI processes to improve resident, family, and CNA participation in care planning, and how this has improved their care to residents and their work with each other.

The webinar concludes with a video, Everyone Stands Up Together, in which members of the management team from Holy Cross Village in South Bend, IN describe how they have moved their morning meeting out to the staff working closest with the residents, to discuss new residents’ needs, staffing needs, and clinical issues. In this way they catch problems and address them immediately, closing the gap and strengthening working relationships.

These four homes provide varying examples of ways to activate continuous performance improvement where it matters most, among staff caring for residents.

Learning Experience # 1: How Strong is Your Relational Coordination?

Time: 20 - 30 minutes

Process:

Prior to viewing the webinar, do this exercise as a way for participants to reflect on their own practices and share what works with each other.

Have them share in areas where they are doing well, how they have put practices in place and invite conversation so that people can seek help from each other in areas they want to take on and need assistance.

Content:

W. Edwards Deming, who introduced practices that form the basis for quality improvement in the U.S., noted that quality, the result, is a function of quality, the process. He said that organizations cannot improve interdependent systems and processes of care until they progressively improve interdependent, interpersonal relationships. Care systems in nursing homes are highly interdependent, so the work to improve relationships is crucial.

Building on this, relational coordination (Gittell 2008) says that the effectiveness of care in nursing homes is determined by the quality of communication and relationships among staff. Gittell said systems need to foster timely, accurate, problem-solving information exchange in order to support strong working relationships in which staff have shared knowledge and goals. Its relationships closest to the resident matter most.

Make a slide of the examples below of low to high relational coordination:

Low communication and relationship	High communication and relationship
Rotating assignments	Consistent, dedicated assignments
Shift change by tape recorder	Shift change with overlap for joint rounding and huddling to share information
Start of shift everyone just goes to their assignments; End of shift everyone leaves	Start and end of shift everyone huddles to get and share information needed for care
Care plan meeting happens in conference room with no resident or CNA attendance	Care plan meeting happens near residents and CNAs so they can attend
QA is done in the conference room	QAPI is done with staff closest to residents



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With the slide of this table showing, ask people at their tables to share how they are working well in any of these areas and to seek advice from each other for areas they would like to take on.

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

Show First Part of Webinar in which the Stratis/CMS team and an MDS Coordinator describe the background and elements of QAPI and the interconnection between QAPI and the MDS. (approximately 20 minutes)

Learning Experience #2: Share Experiences with High Involvement Performance Improvement

Time: 30 min.

Materials Needed:

- ∞ Hand-out: Five Elements of QAPI
- ∞ Flip Chart Paper and marker for each table

Content:

The first section of the webinar just described the shift from a retrospective review of quality data to a pro-active engagement in continuous quality improvement. The MDS coordinator in the webinar says having staff engaged in CQI is what helps her ensure that the assessment and care planning process really works.

In the first webinar series, in the fall of 2011, webinar three provided four examples of ways to engage staff closest to the resident, including:

1. Focus Groups
2. Quality Improvement initiatives on the neighborhood using daily huddles to assess, plan, and problem-solve
3. Ad hoc QI huddles on the neighborhood using a “white-board” to brainstorm about an area of concern
4. Daily rounding with staff to support improved performance and provide a forum for “just-in-time” teaching and QI

It is likely that many of the homes viewing the webinar have had some experiences with bringing problem-solving and performance improvement directly to staff involved. Have them share their experiences.

Process:

Ask tablemates to reflect on experiences they have had in bringing problems directly to staff for problem solving. Ask them to share and discuss (list these on a slide):

1. What have been the keys to their success?
2. What support do staff need to be able to participate effectively in such QI activities?



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Have someone from each table capture the keys to success and supports needed on the flip chart.

Have open room sharing

Return to webinar

Listen to Section that starts with moderator introducing video on individualized music and then staff discussion about how they implemented the program at Cobble Hill (approximately 22 minutes)

Learning Experience # 3: Individualized Music

Time: 30 minutes

Materials Needed:

- ∞ Music Assessment
- ∞ Newsletter on ipod project

Process/Content:

This section has four parts:

1. Table sharing: Ask people to use a learning circle to share what struck them in watching the video and listening to the staff describe how they put the ipod project into practice. (If needed, remind people how a learning circle works – that anyone can start, it can go in either direction, anyone can pass, and while each person is talking, everyone else intently listens. Those who pass are invited in the end to share if they choose.)
2. Table sharing: What were effective performance improvement practices that were used by the Cobble Hill staff?
3. Room discussion: What impact did individualized music have on mood and behaviors of residents? Why? How can individualized music and other activity be a “non-pharmacologic intervention”?
4. Room discussion: What is it about how they did it that made them successful?

Return to webinar

Listen to the remaining parts of the webinar, starting with moderator introducing Kingsbridge Heights team and their work on including residents and staff in care planning meetings, and concluding with the video Everyone Stands Up Together and closing remarks by the moderator (approximately 18 minutes)

Learning Experience # 4: Closing the Gap

Time: 30 minutes

Materials Needed:

- ∞ Web link to staff QI resource: Getting Better All the Time

Process/Content:

We return here to the theme of relational coordination. The staff at Kingsbridge Heights took on a performance improvement project of improving resident and staff attendance at care plan meetings. They figured out ways to change the location and timing and to provide support to staff so they could attend. As their resident and staff attendance increased, their care coordination and teamwork improved.

The management team at Holy Cross Village took their morning management stand-up meeting out from behind closed doors to where care staff work. They share information and problem-solve on the spot.

At each table, have participants share their thoughts about how they can improve CNA and resident attendance at care conferences, and how they can close the gap between management and staff closest to the resident. If any participants are already engaging in successful practices, invite them to share how they are doing it.

Open this up for a discussion in the whole room.

Conclude the session by reemphasizing that basic organizational practices: consistent assignment, huddles, CNA involvement in care planning, and QI among staff closest to the resident are the keys to success. As homes improve relationships among staff, staff's ability to care for residents will improve. This is the essence of QAPI and the MDS.

The next webinar series will apply these concepts to reducing use of anti-psychotic medications.