

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. 5 Whys Worksheet
- c. McNally cards and guide

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: *Individualizing Care and Environments: Non-pharmacologic Interventions Instead of Anti-Psychotic Medications*

Time: 5 minutes

Content: Explain the following to your group:

The evidence is conclusive that anti-psychotic medications rarely have a benefit for people with dementia. Indeed, they often cause serious harm because of their sedative affect and how they mask the needs being expressed by residents through their behavioral communication. Except when used on a short-term basis in response to an acute condition, often the dangers of medications far outweigh the benefits. Research indicates major adverse outcomes with antipsychotics over the 6-12 weeks (Schneider et al 2005, Ballard et al 2009) including gait disturbance, increased respiratory infections, edema, accelerated cognitive decline, and higher risk for stroke and death. These risks increase over longer periods of drug use, while benefits diminish. For people with dementia, behavior is a form of communication. In addition to the adverse outcomes from their use, antipsychotics pose another danger in that they mute the expression of need of a resident who has no other way of telling us they are distressed than to demonstrate their distress through their behaviors.



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Reducing Anti-Psychotics Through Individualized Care – Medical Perspectives and Case Studies
Webinar Nine: Individualizing Care and Environments:
Non-pharmacologic Interventions Instead of Anti-Psychotic Medications

Individualizing care and environments is often the most effective non-pharmacologic intervention to prevent and alleviate the distressed behaviors that the medications aim to quell. In this webinar, Dr. Allen Power, a geriatrician and Eden Associate, who authored *Dementia Beyond Drugs*, describes key practices needed to create the safety and well-being for residents with dementia. Dr. Power explains how the experience of living in a nursing home can cause distress for people with dementia. He describes the importance of “building ramps” – not physical ramps, but emotional and communication ramps – to understand what people need and help them meet their needs. He explains that if we are able to see the world from the perspective of the person with dementia, we can build those ramps. And he provides practical steps for doing so.

Next, Colleen O’Keefe, RN, the 7-3 supervisor for the dementia care unit at Buckingham at Norwood, a Windsor Health Care nursing home in northern NJ, explains that when she first read Dr. Power’s book, she thought he didn’t know what he was talking about – he hadn’t seen her residents. She describes the chaos of the dementia care unit, where despite having 57 out of 60 residents receiving anti-psychotic medications, various aggressive behaviors were commonplace. Challenged by her Director of Nursing to reduce use of anti-psychotics, she set out to prove her wrong, by choosing the “worst case scenario” so she could say, *okay we tried, it didn’t work, now leave us alone*. Much to her surprise, it did work. She’ll share case examples about how they individualize each resident’s care routines and living environment to reduce distress and promote well-being by learning about residents’ routines, understanding what they are communicating when they express distress, and reducing their distress rather than masking it with medications.

Learning Experience # 1: Using Individualized Care and Relational Coordination to Reduce Anti-Psychotic Medications

Time: 30 minutes

Prior to viewing the webinar, do this exercise as a way for participants to reflect on how what they have done so far has led to better experiences for their residents, so that they can apply that awareness to this new challenge of reducing anti-psychotic medications.

Content:

The webinars to date have been building blocks that will now be useful as they reduce anti-psychotic medications. Make a slide listing the areas covered in these webinars:

- ∞ **Organizational practices** such as consistent assignment, huddles, CNAs involvement in care plan meetings and in QI (Webinars One – Three)
- ∞ **Clinical practices** such as reducing alarms, individualizing dining, making a good welcome (Webinars Four – Six)
- ∞ **Individualized care and Quality Improvement** such individualizing waking and sleeping and activities, and “unit-based QI” (Webinars Seven – Eight)

Process:

In a learning circle, ask each person to describe a resident who has benefited from any efforts their home has made in response to these webinars. Identify ways you have made adjustments in care based on knowing more about a resident. Discuss how these practices have helped you make those adjustments and get better results for residents.

If needed, explain how a learning circle works: that people speak in turn without interruption, and that anyone can pass when their turn comes. Those who pass will have a chance to speak at the end should they wish. In a learning circle, the power is in the listening. After everyone has had a turn, there's open discussion.

Open room-wide sharing of ways that knowing the resident's routines, and having the practices in place to be able to know them and work together to learn and support them, helped the staff in their care for the residents. Also have sharing about how-to's and lessons learned from what they've done in this action period.

Close: They'll be using what they've done to date to reduce use of anti-psychotics:

- ∞ They've already started to individualize care situation by situation.
- ∞ Further, the organizational relational coordination practices they have put in place have already given them a boost in being able to catch problems early and problem solve together.

Both of these will also be key in reducing anti-psychotic medications.

Show First Part of Webinar in which Dr. Allen Power explains a new approach to caring for people with dementia and understanding people's needs (20 min)

Learning Experience #2: The 5 Why's: A QI Approach to Reducing Anti-Psychotic Medications

Time: 30 min.

Materials Needed:

- ∞ Hand-out: The 5 Why's Worksheet
- ∞ McNally cards and Instructions

Content:

Dr. Power has just explained that we need to know what a resident is searching for, what the person needs for well-being, and therefore what is being communicated by their “behavior.” There’s a tool called the 5 Why’s which helps drill down to the root cause of a situation. We’re going to use it today on a case example to see how it can help in understanding behaviors. Once we understand what a resident is trying to tell us, we can anticipate their needs and prevent their escalating their expression of need.

Process:

Explain that when we are learning how to use a new tool, such as the 5 Whys Worksheet, it helps to use it on something familiar so that we don’t have to concentrate as much on the content as the tool. So, to learn how to use the 5 Whys tool, and how to apply it to reducing anti-psychotic medications, we’re going to use a case everyone is familiar with - Mr. McNally.

Most will have done the exercise but some will not have, so as a group quickly reconstruct what happened so that everyone is familiar with the course of events. Answer the two questions:

1. What was he like when he first came in?
2. What caused his decline (it was not a natural progression of his disease)

(Note that if a substantial number of people have not done this exercise, you will need to allow more time to complete it – instruction sheet is attached).

Now look at this in relation to anti-psychotic medications, using the 5 Why's Worksheet.

With this worksheet, we “Define the Problem” as: Increase in psycho-active medication use for Mr. McNally. We “Precise the Problem” as: Mr. McNally has started receiving 2 anti-psychotic medications since he first came in three weeks ago.



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Reducing Anti-Psychotics Through Individualized Care – Medical Perspectives and Case Studies
Webinar Nine: Individualizing Care and Environments:
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Have each table:

1. Use the 5 Whys Worksheet to get to the root of why Mr. McNally has anti-psychotic medications.
2. Discuss: If you could turn the clock back to when he first came in, how could you have prevented the need for the psycho-active medication?
3. Discuss: What would be early warning signs that you would want to keep track of to catch the problem early? What would you want on a white board for the staff to discuss every day at the huddle?

Open room sharing

Encourage people to use the McNally cards with staff at their home as a way to look at the link between routines and behavioral expressions of distress, and how, by following routines, we can avoid behavioral distress. Cards are available on PN's website.

Return to webinar:

Listen to Colleen O'Keefe, RN describe case examples (20 min.)

Learning Experience # 3: Individualizing Care and Environments

Time: 30 minutes

Materials Needed:

- ∞ 5 Whys Worksheet
- ∞ Flip Chart and Marker at each table

Process/Content:

This section has four parts:

1. Table sharing: Respond to what you heard. What were the keys to their success with the two residents she described?
2. Use the 5 Whys Worksheet to identify why Michael was agitated.
3. Share examples of residents in their nursing home whose agitation or aggression has been reduced by the staff's knowing what caused it. Describe the circumstances, what was done, and how it worked.
4. Using Flip Chart and Marker, at each table brainstorm a list of:
 - ∞ Environmental causes of distress
 - ∞ Care Routine causes of distress
 - ∞ Other reasons why residents have anti-psychotic medications

Return to webinar:

Dr. Power explains how to create a positive daily experience for residents by shaping individualizing the daily routine and the environment, and building caring relationships between staff and residents. Colleen O'Keefe, and her DoN Rowena Sebastian identify keys to success in reducing the behaviors that trigger use of medications, including how they now anticipate residents' needs and reactions, and how they have changed their perspective in care planning. (20 min.)

Learning Experience # 4: Taking it Home

Time: 15 minutes

Materials Needed:

- ∞ 5 Whys Worksheet

Process/Content:

We have more chance of applying what we learn if we have time to plan how to use the information, before we get back to the hectic pace at work.

Have each group:

1. Debrief on what each team member learned from sitting with others
2. Identify a resident currently receiving psycho-active medications who could benefit from staff knowing them and adjusting accordingly. Use someone who is easy to start with.
3. Use the 5 Whys worksheet to look at why the person is receiving the medications.
4. What would be a good place to start – that has high impact and is easy to do
5. Make an action plan

Have sharing among teams about how they are thinking of proceeding

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.

The next webinar in this series will focus on reducing use of anti-psychotic medications for people with mental health needs.