Goals of the collaborative:

16 home throughout Missouri
4 homes with HIS

- Understand how the MDS Can be a Driver of Quality INDIVIDUALIZED Care
  - MDS Assessment drives the care planning process
- Learn through interdisciplinary team involvement
- Share Shamelessly
- Take a resident-centered approach to quality improvement through use of one resident’s case and through the practice of personalizing residents’ experiences thereby seeing the link between residents’ customary routines and good quality outcome
- Facilitate adoption of organizational practices needed to achieve those good outcomes.
Slide 2

Introduce Yourselves to Each Other
The Power of Cross-Fertilization

Material developed by B&F Consulting for Pioneer Network's National Learning Collaborative on Using the MDS 3.0 as the Engine for High Quality Individualized Care funded by the Retirement Research Foundation

Slide 3

Organizational Practices
PART TWO
QI among staff closest to the residents
Using Individualized Care for Quality Improvement

How does a traditional QI meeting go…

Now, what do we want to see as we move to QAPI

• Systematic
• Evidence based
• Not just audits, but changing outcomes

• That comes from adding PI to our current process…
• PI can be reported in the meeting, but most of it happens outside the formal meeting
Here’s what we are going to explore in the next hour.

Let’s look at the dimensions of relational coordination.

We know that fundamentals of good team work rely on communication and relationships...they are also the fundamentals of building a good care team!

The effectiveness of care and service in nursing homes is determined by the quality of communication among staff, which depends on the quality of the underlying relationships. The quality of the relationships, in turn, reinforces the quality of the communication. Relationships closest to the resident matter most.
Slide 6

In total, this is what we are looking for…

Slide 7

Incubated Four Relational Coordination Organizational Practices

- Dedicated Assignments
- Huddles
- Dedicated CNAs involved in care planning
- QI among staff closest to the residents

Slide 8

Quality of Care and Quality of Life

Excerpt from Webinar 12

It Takes a Team
Lutheran Senior Services

Huddles
Better Results through A Team Effort to know the resident as a whole person
Table Discussion

How did the team use quality of life customary routines to improve quality of care outcomes?

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Table Discussion

How did the team use relational coordination practices to individualize care for improved outcomes?

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Individualized Care through Customary Routines + Relational Coordination = Improved Outcomes
Where we are in the institutional model

Iatrogenesis: Iatrogenic decline is the adverse effect of medical care, rather than of the underlying disease

Our goal

“Highest Practicable Well-being” is defined in the regulations and survey guidelines to mean that there is “no avoidable decline.”

The dimensions we look at: “physical, mental, and psychosocial well-being”

MDS Section F - Customary Routines

How important is it to you to:

- Choose what clothes to wear
- Take care of your personal belongings
- Choose between a tub bath, shower, or other
- Have snacks between meals
- Choose your own bedtime
- Do your favorite activities
- Go outside to get fresh air
Slide 14

Look at the traditional / institutional setting...

What are the practices related to ...

Slide 15

Now – if we are in a true person centered culture…what would our care practices be?

How does this impact reducing decline based on Iatrogenesis?
How does this impact meeting Highest Practicable well being?

Slide 16

So now we have the 4 tools

- Dedicated staffing
- Huddles
- CNA involvement in care planning
- QI as close to the resident as possibly

- How do we make these practices work as we develop individualized care and services?
Slide 17

Survey Guidelines on Quality of Life

Facility must:
• Actively seek information
• Be “pro-active” in assisting residents to fulfill their choices
• Make residents’ choices known to caregivers

So now we have the 4 tools
• Dedicated staffing
• Huddles
• CNA involvement in care planning
• QI as close to the resident as possibly

• How do we make these practices work as we develop individualized care and services?

Slide 18

Survey Guidelines on Quality of Life

So now we have the 4 tools
• Dedicated staffing
• Huddles
• CNA involvement in care planning
• QI as close to the resident as possibly

• How do we make these practices work as we develop individualized care and services?
Slide 19

So now we have the 4 tools

- Dedicated staffing
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- CNA involvement in care planning
- QI as close to the resident as possibly

- How do we make these practices work as we develop individualized care and services?

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Slide 20

CNAs at one NY home ask five simple questions within an hour of a new person’s arrival:

1. How would you like to be addressed?
2. What time do you want to shower?
3. What time do you want to go to bed?
4. What time would you like to wake up?
5. What would make you comfortable?

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Slide 21

As a result they have:

1. Fewer family complaints
2. Fewer rehospitalizations
3. Fewer missed therapy sessions
4. Less resident distress
5. Better resident satisfaction from Day One
Share at your tables:

How do you get this information about residents’ customary routines to the staff who need it on Day One?
...before the first night’s sleep?
...before the first morning?

How does a traditional QI meeting go…

Now, what do we want to see as we move to QAPI

• Systematic
• Evidence based
• Not just audits, but changing outcomes
  • That comes from adding PI to our current process…
  • PI can be reported in the meeting, but most of it happens outside the formal meeting
**Slide 24**

**PI and Problem-Solving**

**LOW:** A few senior staff review data in the board room.

**HIGH:** Hands-on staff know their data and use just-in-time problem solving with help as needed.

Communication and Relationship Factors

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**Explain** —

Use huddles… (next slide)

**Slide 25**

**Panel of Incubators Sharing**

**How to Use Huddles for Better Outcomes**

**QI Closest to the Resident**

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**Slide 26**

**Relational Coordination + Individualized Care**

**Successfully Promoting Mobility, Reducing Falls, Alarms, and Antipsychotic Medications**

- Organizational practices of consistent assignment and huddles to know each resident and problem-solve together
- Individualized approaches to care

Promote mobility through: (ask about each of these)

- **consistent staffing**
  (knowing the person, having a relationship, building trust)

- **CNA involved in the care plan**
  (opportunity to identify small changes in condition)

- **Huddles** (sharing with...
team who the resident is … understanding their patterns)

QI close to the resident (i.e. post fall huddle)

Slide 27

National Learning Collaborative

To Improve Outcomes Use:

Individualized Care

+ Relational Coordination

consistent staffing

CNA involved in the care plan

Huddles

QI close to the resident

Slide 28

For more information

Go to

www.PioneerNetwork.net

for

Starter Tool-kit

Quick Organizational Self-Assessment

Webinars 1 – 12

(Webinars on-demand: 1 registration = 5 viewings)

For additional resources go to www.BandFConsultingInc.com