Indianapolis/Marion County Nursing Home Leadership Collaborative

MDS 3.0 Beyond the Form: A Team Approach

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Where the magic happens

→

your comfort zone
Goal for today

To help nursing homes implement organizational practices that maximize the MDS 3.0 as a tool to achieve high quality individualized care
Individual Assessment of Each Resident’s Abilities and Needs

With Participation by:
Resident and Family
Hands-on Caregiving Staff
Interdisciplinary
What You Do Affects the Care Plan, Quality Improvement and Payment

- Resident’s Condition
- Care Provided

MDS Coding
- Assessment
- Care Planning

- Quality Improvement
- RUGs Payment

Charting
 Care Provided

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CRITICAL THINKING

Enhanced ~ Expansive ~ Analytical Thinking

Two Central Activities:

1. Identify and challenge our assumptions

2. Explore and imagine options and act on them
Critical Thinking vs. Routine Care CNAs

- Notes the difference in mood and asks the nurse about it
- Knows the time of day resident usually wants to take a nap and notes difference
- Spots slight change in skin and tells nurse

- Provides care
- Is pleasant
- May not note slight changes as anything different
- Takes pride in efficiency
- Works hard

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Care Practices

Consistent Assignment
• Always goes to the bathroom at around 2:30
• Is tired at 6:30 and will need more help
• Likes a cup of tea in the early afternoon
• Appreciates a sense of humor
• Likes to watch certain shows

Rotating Assignments
• How long does it take to get to know your new residents?
• Emotionally hardened
• How many falls occur during first few days after a change?

Critical thinking is more likely to happen when there is consistency in care
Individually
CNA

• Question things that you don’t understand
• Tune in
• Learn to read the charts
Individually Nursing

• Put on an alarm after a fall
• Food supplements
• Two hour night time checks
• Why are we charting that?
Individually
Management

- Why were the two CNA’s fighting?
- Does our attendance policy help us get good attendance?
- Why are we doing it this way?
Developing Critical Thinking as an Organizational Norm

- Welcome ideas
- Appreciate divergent viewpoints
- Make it safe to be challenged
- Routinely seek participation when making decisions
Four key practices:

- Lead with questions, not answers
- Engage in dialogue and debate, not coercion
- Conduct autopsies without blame
- Build “red flag” mechanisms
OBRA 87 requires each nursing home to provide care and services to:

\textit{attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident}
Highest Practicable = No “avoidable” decline

Unavoidable = natural progression of a resident’s disease or condition
What was Mr. McNally like when he first came in?

His decline was not a natural progression of his disease or condition.

What was the sequence of events that caused his decline?
Iatrogenesis

We caused it
Critical Thinking
and
Basic Nursing Process
From Institutional to Individualized Care

**Health Promotion**

- Physical Environment, Care Delivery Systems, and Work Routines
  - Waking and Morning Routine
  - Eating – what and when
  - Bathing – when, how, how often
  - Going to bed at night
  - Sleeping & night-time routines
  - Daily activities and pursuits
  - Medication Pass

**Risk Prevention**

**Highest Practicable Well-being**

Institutional Care

Individualized Care
Section F

Customary Routines

Quality of Life Requirements

QIS resident and staff interviews
Section F - Customary Routines

How important is it to you to:

A. Choose what clothes to wear
B. Take care of your personal belongings
C. Choose between a tub bath, shower, or other
D. Have snacks between meals
E. Choose your own bedtime
F. Do your favorite activities
G. Go outside to get fresh air
Quality of Life Surveyor Guidelines
F242 Self-Determination and Participation

• Right to make choices over:
  – Activities
  – Schedules
  – Health care
  – Interactions with members of the community
  – Aspects of his or her life that are significant to the resident

• Choices over schedules is specified to include schedules of waking, eating, bathing, and going to bed at night, as well as health care schedules
Gathering and Using Information

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

You have the information in hand, but do you have it in the hands of those who need it?

Relational Coordination
Dimensions of Relational Coordination
Interdisciplinary ~ Interdepartmental
Across Shifts and Days

Communication
- Frequent
- Timely
- Accurate
- Problem-solving

Relationship
- Shared Goals
- Shared Knowledge
- Mutual Respect

Relationships Closest to the Resident Matter Most

Interdisciplinary and Interdepartmental Collaboration within and across units and shifts

Nurses

CNAs

Residents

Housekeeping, Food Services, Activities, Social Work

Quality of work

Quality of care

“Just-in-time” communication

Who needs Customary Routines information by when?

- Consistent caregiver on each shift
- Coordination by SW/Activities and CNA/Nurses
- Start-of-shift stand-up
- Shift-to-shift hand-offs
- Hand-offs to Weekend Staff
From Institutional to Individualized Care

Health Promotion

Physical Environment, Care Delivery Systems, and Work Routines
- Waking and Morning Routine
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Institutional Care

Individualized Care

Risk Prevention

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MDS 3.0 Interdisciplinary Approach

- Section C – Cognitive Patterns
- Section D – Mood
- Section E – Behaviors
- Section G – Functional Status
- Section H – Bowel and Bladder
- Section J 800 – Pain
- Section K – Nutritional Status
- Section M – Skin Conditions/esp. 1200
- Section O – Therapy – section C
- Section Q – 500 – Return to Community
Functional Ability

Assess and Accommodate From Day One
The Up and Go Test (TUG)

- Sit and rise from chair
- Walk to and from toilet
- Use toilet (including clothing management)
- Get in and out of bed
- Turn around (180-360º)

Accommodate physical surroundings and seating to resident’s functional abilities
Section G – Functional Status

0 – Independent
1 – Supervision
2 – Limited assistance
3 – Extensive assistance
4 – Total Dependence
Section G – Functional Status

A. Bed Mobility
B. Transfer
C. Walk in room; Walk in Corridor
D. Locomotion on unit, off unit
E. Dressing
F. Eating
G. Toilet Use
H. Personal Hygiene
A. Bathing
B. Balance During Transitions and Walking
C. Functional Limitation in Range of Motion
D. Mobility Devices
E. Functional Rehab Potential
Relational Coordination for New Residents’ Rooms and Info

LOW: Admissions Coordinator shares at management stand-up decides based on where bed is available

HIGH: Huddle/stand-up on the unit with staff closest to the resident to share about a new resident and to decide where

Communication and Relationship Factors

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Before or as soon as the person comes in, get to know and make sure to share:

• Social history for cues and clues
• Individualized routines
  – Use a diary to get to know the person (not alarms)
• Use MDS process just-in-time to:
  – assess functional ability
  – get to know routines
  – understand meaning behind behaviors
• Share the information with everyone who needs it in time
If **you** needed to go into a nursing home, what would have to happen in the first hours for you to feel *welcomed, safe, and okay* – as okay as possible?
Mr. McNally:
What was he like when he first came in?
How does knowing this about Mr. McNally help you give him a good welcome?
What else would be helpful to know right away?

- Immediate needs
- Balance and Gait
Relational Coordination for a Better Welcome

• How does consistent assignment help make a better welcome?
• How do shift huddles help make a better welcome?
Continuity of Care

• How do you get this info to the consistent caregivers?
• How do caregivers share it with co-workers?
• How can you give Mr. McNally as much consistency as possible?
Relational Coordination for Shift Hand-off

LOW: Tape recorder

HIGH: Person to person with shift overlap

Communication and Relationship Factors
Relational Coordination for Start of Shift

LOW: Everyone just goes to their own assignment

HIGH: Rounding/Huddle review of each resident at start of shift

Communication and Relationship Factors
Relational Coordination for End of Shift

LOW: Everyone just does their paperwork and goes home

HIGH: Rounding/Huddle review of each resident at end of shift

Communication and Relationship Factors

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Agenda for Shift Huddle

Resident by resident by exception:
- *risks & opportunities in quality of life & quality of care*
- MDS functional status, mood, customary routines
- Interact’s Stop and Watch at end of shift

Anyone in their **ARD**

**Discharges, Hospitalizations, or Admissions**

**New residents’** social history, family, medical needs, customary routines and special needs

**Reportable Events, Incidents, Accidents** for any resident

**Complaints and Compliments** for any resident

**Follow-up on any issues** – Stand-Down at end of shift

Any **clinical area** that is being worked on (eg, pressure ulcers)

**News from any dept** requiring staff knowledge or coordination

Introduction of and check-in with **new employees**
Relational Coordination for Staff Assignments

Communication and Relationship Factors:
- Relationships with residents
- Ability to notice problems and know possibilities
- Teamwork
- CNA – Nurse relationship
- Participation in Care Planning and QI
- Accuracy of Charting for MDS Coding

LOW: Rotating

HIGH: Consistent
From Consistent Assignment to Dedicated Assignment
Basics for Dedicated Assignment

• A Good Process
  – Fair distribution of work
  – Matches work for residents and staff

• Hiring, scheduling

• Charge nurse support
  – Adjust as needed
  – Support for residents staff find challenging

• Include nurses, housekeeping, activities, SW
Process for Balancing Assignments

Each staff use post-it note to Rate each resident on scale of 1 – 3 in each dimension – physical care and non-physical factors

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<th>Physical</th>
<th>Non-physical</th>
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Team Planning
Go to Tables with your co-workers

- Area you’ll focus on:
- Goals
- Preliminary action steps
- Who needs to be involved
- How will you know you’ve improved
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