



*South Carolina Initiative to Improve Dementia Care
and Eliminate Off-Label Antipsychotics*

Coordinated by LeadingAge South Carolina

www.leadingagesc.org

QUICK TIPS SYSTEMS FOR COMMUNICATION AND TEAMWORK

Improving communication helps staff work better together. Several pilot homes added huddles and involved their CNAs in care planning. Homes strengthened consistent assignment so staff had deep knowledge to share about residents. All the homes said the improved communication improved care and teamwork. It contributed to their staff stability by providing a solid team for new employees to join and positive work environment where staff feel good about their jobs.

A daily huddle agenda can include: New residents; “At Risk” residents; Changes in condition; Residents the CNAs are worried about, who are not themselves today; Anyone with a medication change, or GDR from an antipsychotic; Appointments; Unplanned discharges, including rehospitalizations; Discharges; Room changes; Incidents and accidents, safety hazards; Clinical focus areas, QAPI PIPs; Kudos, Key information, news, announcements; New staff members.

1. Morning Meeting With All Staff:

At one pilot home all staff attend a daily morning meeting. They started the meetings to make sure that everyone had information about residents. It grew to cover any issues needing to be discussed. Maintenance loves hearing about issues right away and staff appreciate knowing when something will be fixed. When there’s a new infection, everyone is alerted at morning meeting and everyone’s paying attention. Housekeepers are able to notice issues with residents because they know what to look out for. Staff hear when a new resident is coming. Staff may share that a resident had a bad night, and the team is there as a resource to problem-solve on the spot. When it surfaced during Hand in Hand training that the routine was to awaken residents for a set breakfast time, and yet sleep is so important for residents, the DoN used morning meeting to let staff know residents could wake on their own timing and the kitchen would make breakfast when they were ready. Staff talked through how it would work and worked together to take it forward. The home said the morning meeting helps with staff stability because staff have a say, and are valued for what they say, which makes for better job satisfaction.

2. Stand-Up and Stand-Down:

In one pilot home the DoN or Nurse Manager huddle on each unit with the staff, to check in at the beginning and at end of the day. The huddle is in the DoN office or in hall, varying unit by unit. They share information and hear from the staff, and huddle at the end of the day to share where things are and what’s needed. They also learn about defective equipment and other staff needs. The DoN/nurse manager makes staff aware of what’s going on for residents and asks staff for any concerns. Staff may say, “She’s not eating well, not transferring well,” and they ask staff for suggestions, respond immediately, and make the necessary changes to the care plan and ADL documentation. They provide instructions, let people know why, and explain expectations. Things don’t slip through the cracks. The home found in person communication is “better than a piece of paper with instructions.”

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3. Morning Room Rounds:

One pilot home changed its morning rounds so that managers are helping out, instead of just pointing out problems. In room rounds, if someone has a change of care plan, managers check to make sure all is in order. If it's not, they act on it and let staff know. They also share information with staff about admissions, discharges, room charges, diet changes, and other pertinent information. When staff do well, managers tell them.

4. Shift Huddles

One pilot home changed its huddle. Previously, CNAs got report from CNAs but didn't have clinical information shared by nurses. Nurses reported to nurses but didn't have the latest information from CNAs. They were "going in blind." Now nurses and CNAs huddle together within one hour of shift change so that everything is gone over about residents' needs.

5. Involving CNAs in Care Planning

Several pilot homes involved CNAs in care planning, and one also involves the nurse who cares for that resident. They find it beneficial for CNAs to share about how the resident is doing and to hear what families and residents say. Instead of managers coming from meeting and telling staff what to do, CNAs hear it directly and are part of conversation. When concerns come up about a resident, the family and CNA can share their perspectives. It's a conversation instead of a concern. Together they can discuss alternative ways to approach care. One home had a compliment from family member who was impressed with the CNA being in the care plan meeting to discuss particular aspects of daily care. One home posts a schedule of care plans and discharges. Another used huddles to explain about the care plan meeting, and now to remind CNAs the meeting is that day. Homes said that their shift huddles help prepare CNAs for the care plan meeting, because CNAs are used to sharing this type of information.

6. Consistent Assignment

Several pilot homes strengthened consistent assignment. At one home the DoN talked with each staff member about where they preferred to work. Homes say their staff get to know residents better. There is better rapport with residents and families. Having staff know residents well, and having better communication through huddles, helped homes catch early changes in health, respond better to their residents with dementia, and provide person-centered care.

A Multi-pronged Approach: Pilot homes took many steps to improve communication. All steps reinforced each other. Participating in huddles prepared CNAs to participate in care plan meetings and participating in care plan meetings gave CNAs the whole picture to help their day to day care. Being consistently assigned, staff have valuable information to contribute. Having a way to contribute helps staff do their job, and feel good about their job!