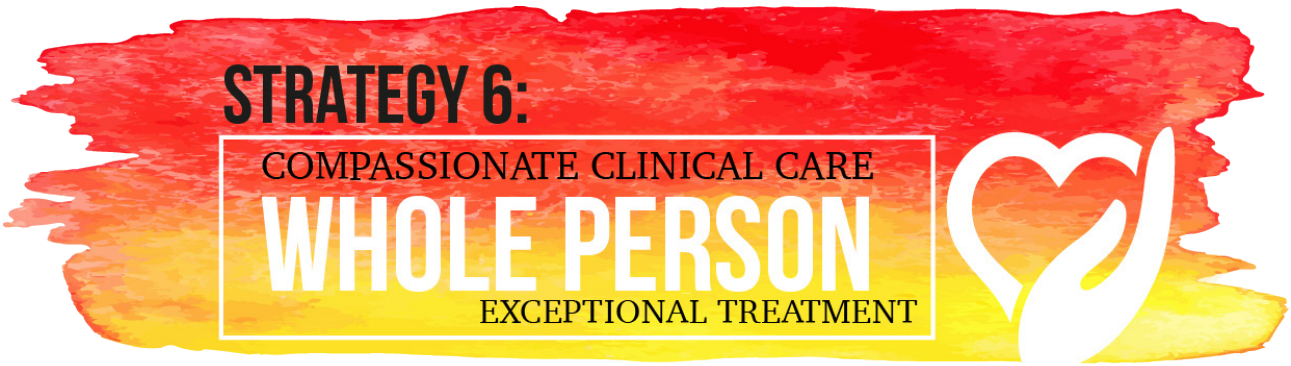

Change Concepts - Provide exceptional compassionate clinical care that treats the whole person.

6.a Implement consistent assignment.

6.b Choose and engage medical leadership wisely.

6.c Transition with care.

6.d Strive to prevent problems, and treat when necessary.

6.a Change Concept: Implement consistent assignment.

Action Items

6.a.1 Train/educate your staff on the benefits of consistent assignment.

6.a.2 Involve staff in planning for consistent assignment to enlist support and listen to concerns. Enlist their help in making assignments looking for balance and what is doable.

6.a.3 Implement consistent and then permanent/life time assignment. Start small – go slow. For example, try on one neighborhood for 2 weeks, then progress to monthly, and finally permanent as the staff adjusts.

6.a.4 Meet regularly with staff and residents to discuss how consistent assignment is working, including reviewing assignments to ensure that relationships are going well. When there are changes due to residents leaving, arriving, or dying, review the assignments to ensure that they remain fair and are working well.

6.a.5 Use feedback from residents and families in making assignments, making changes in resident assignment only when it will benefit the resident. Engage the interdisciplinary team in working to find solutions and supports for the areas that are challenging.

6.a.6 Assign all disciplines permanently to a neighborhood and consider them as part of the team so that they can serve one group of residents and care for the same residents almost every time they are on duty.

6.b Change Concept: Choose and engage medical leadership wisely.

Action Items

Recruit the best

6.b.1 Clearly articulate the expectations of medical leadership to have strong clinical, administrative, and communication skills through the position description. Look for longevity and active involvement in organizations. Don't be afraid to be selective.

6.b.2 Choose an ideal model of care for residents and hire your medical director based on that model. For example, if the ideal situation is to have a medical director round daily, set the expectation and hire based on the model.

Retain/Engage

6.b.3 Provide routine feedback to the medical director and other providers on their performance.

6.b.4 Expect that the medical director and providers listen to nurses, aides, other staff, and actively seek their suggestions, assessments, and recommendations.

6.b.5 Provide competitive compensation so that the medical director can dedicate appropriate time to the facility.

6.a.6 Include the medical leadership in senior leadership teams, committees and meetings. Structure your team and meetings so they can actively participate.

6.b.7 Engage the medical director and providers in the QAPI committee to review data, look for trends and opportunities for improvement, and make recommendations for addressing them.

6.b.8 Encourage the medical director and providers to keep track of opportunities for improvements and bring those to leadership and QI.

6.b.9 Work with the medical director to ensure that medical orders such as for medications and diet, are structured to support residents' customary routines. For example, prescribe medications "upon rising" instead of waking someone up to administer the morning medication.

6.b.10 Involve the medical director in the team that establishes and updates clinical care guidelines.

6.b.11 Involve medical leadership in the development of forms/communication tools to use in medical records and for communication.

6.b.12 Involve the medical leadership in providing education programs for staff. For example, have the medical director complete grand rounds regularly where they are educating staff on identification of early symptoms of heart failure, pneumonia, etc.

6.b.13 Involve the current medical director in training his/her replacement.

6.c Change Concept: Transition with care (between shifts, departments, and all care settings).

Action Items

6.c.1 Create a structure and processes for communication to ensure key information is consistently transferred from staff to staff. For example, have the management team bring its daily meeting to review the 24-hour report out to the staff closest to the residents for a shared discussion and problem-

solving.

6.c.2 Ensure that all changes in resident status have been communicated by having staff (for examples, nurses and nursing assistants or nursing assistants and nursing assistants) round together at the change of shift.

6.c.3 Arrange effective communication channels between staff and the medical director and provider staff.

- Set standard times for medical director/primary physician to be available for consult regarding non-urgent issues. For example, 7-8 am or 5-7 pm.
- Ensure access via business or personal cell phone to staff (encouraging staff to call)
- For urgent issues, available to nurses 24/7.
- Use available technology (electronic medical records, video chat)
- Reduce or eliminate medical care by fax. Instead, communicate verbally with primary care physicians/providers.
- Use standardized communication templates or tools such as SBAR (situation/background/assessment/recommendation) to promote clear, concise information across providers

6.c.4 Foster close communication between medical director/primary physician and NPs or PAs, to:

- Provide regular and timely updates on residents to anticipate needs or changes.
- Ensure consistency with plan of care.

6.c.5 Collaborate with referring hospitals to identify needed information at time of admission to NH and transfer to hospital. Provide and receive feedback on effectiveness of interventions.

6.c.6 Encourage and assist resident/families to complete advanced directives, and establish a process to share advance directives during transitions of care.

6.c.7 Work out a process with first responders that assures residents are cared for according to their needs even in a disaster or emergency.

6.d Change Concept: Strive to prevent problems and treat when necessary.

Action Items

6.d.1 Utilize evidence-based or expert-endorsed:

- Pathways, policies and procedures that staff are trained and supported to follow for common conditions. For example, pressure ulcers, infections and other conditions unique to your organization.
- Tools and resources to manage conditions that contribute to hospitalizations. For example, congestive heart failure, pneumonia, aspirations, or urinary tract infections.
- Healthcare bundles (see appendices) to reduce the use of inappropriate antipyschotic drug use, maintain and improve resident mobility, and reduce healthcare acquired infections.

6.d.2 Teach all staff to look for and follow-up on changes in resident conditions. For example:

- Use "stop and watch" forms (small enough to fit in a pocket) that can be completed by any staff and given to the nurse.
- Identify clinical cases for use in education to recognize changes in resident conditions early and

react to them appropriately. For example, review an atypical presentation of heart failure.

6.d.3 Collect data/ information with regard to hospital admissions/re-admissions and emergency department transfers as determined by the nursing home medical and clinical leaders:

- Track and analyze admission and transfer data.
- Identify if the decision to hospitalize was made by the resident's physician or an on-call provider that is not as familiar with the resident.
- Conduct root cause analyses on all residents going to the emergency department or hospital to understand potentially avoidable hospitalizations.
- Review hospital re-admissions with staff as a group learning experience and identify any opportunities for improvement. Track the resident outcomes.

6.d.4 Communicate and provide education to the providers, residents, and families on what equipment and medications you have available to treat the residents at your facility.

6.d.5 Ensure adequate specialties are available to address the complex needs of residents – optometrist, podiatrists, psychiatrists, psychologists, orthopedics and geriatric psychiatry.

6.d.6 Bring services to the nursing home to minimize the need for residents to leave the nursing home for care. For example, lab, x-ray, EKGs, modified barium swallows, ultrasound, INR testing, etc.

Promote skin integrity, prevent pressure ulcers

6.d.7 Identify before admission if a person is at risk for skin breakdown in order to prevent pressure ulcers.

6.d.8 Inspect skin on admission (within xx hours) in order to prevent pressure ulcers.

6.d.9 Conduct comprehensive skin risk assessment (within xx hours) of admission and review on an ongoing basis using a standardized form.

6.d.10 Inspect skin on a weekly basis as a means to prevent pressure ulcers.

6.d.11 Communicate risk assessment results, skin checks and interventions to the nurses, nursing assistants and interdisciplinary team members.

6.d.12 Implement a plan for skin integrity (within xx hours of admission) to include, per individualized assessment, as appropriate:

- Support surfaces (bed and W/C).
- Offer fluids regularly for hydration.
- Provide resident preferred food choices and help the resident eat if needed. Real food first, fortified foods, and then supplements only when necessary.
- Help the resident to be as mobile and active as possible.
- Keep skin clean and dry.
- Provide incontinence care if needed.
- Individualize turning and repositioning schedules.
- Keep heels elevated off bed.
- Involve dietary and therapy before any issues arise.

6.d.13 Identify all potential causes of decreased mobility, including mood/mental health concerns, pain, etc.

- Develop a plan to address.
- Promote mobility, avoid physical restraints and falls

Reduce the likelihood of falls

6.d.14 Eliminate the use of physical restraints.

6.d.15 Deem audible alarms as restraints and develop plan for reduction and ultimate elimination.

6.d.16 Assess all residents for risk for falls and develop an individualized plan for their safety.

6.d.17 Promote strengthening and balance for all residents as a means to prevent falls.

6.d.18 Review all falls (including times, explore causes, determine whether patterns exist) and implement interventions for prevention based upon findings.

6.d.19 Involve resident and family members, the inter-disciplinary team members, and direct care staff in the investigation of falls and ideas for prevention.

Use this extra space to jot down brilliant ideas and action items!