



Engaging Staff in Individualizing Care

Facilitator Instructions for Starter Exercise Huddles

WHAT: This exercise is a demonstration of a daily huddle to start conversation about how to share information and problem solve together, so staff can think through how to make it happen.

WHY: Change is hard. Successful change requires discussion about why and how. Use this discussion to find out how the staff closest to the resident, who will implement a new approach, think it will work best. Have on-going discussions as the change evolves.

HOW: This guide includes discussion prompters to use after the personalized experience first to draw out staff's experience and reflections, and then to hear their ideas on how to do it. Allow time for each discussion. Hear from everyone. Ask for responses from quieter people. It may be tempting to brush off staff members who are openly skeptical, but putting into play major changes requires that concerns be welcomed as a contribution to the effort's success; get to the root of the concern, and note it as an area to keep an eye on.

RESOURCES: Toolkit Tip Sheet and Video Clip on Huddles

Entire Toolkit and Webinar Series available at www.PioneerNetwork.net

Preparation: Review tip sheet and video clip on Huddles

Time: 15 - 30 minutes, depending on discussion time

Material:

INTERACT^{II} Stop and Watch at http://interact2.net/tools_v3.aspx under "communication tools"

MDS 3.0 Sections:

- ∞ D - Moods
- ∞ E - Behavior
- ∞ F - Customary Routines
- ∞ G - Functional Status

Goal:

To provide a direct experience of a huddle for information sharing and problem solving.

Process:

Share this background information:

Mrs. Jones is a resident who has been in your care for several months. You usually provide limited assistance to help her transfer and she is able to walk with her walker. In the mornings, you set her up and she is mostly able to take care of herself although you help her with putting on her TED hose and shoes. She then heads to breakfast where she eats on her own and spends the afternoon reading and going to some of the scheduled activities.

Share developments, one day at a time, and then follow the discussion guide:

Share:

On Tuesday when you went in to help Mrs. Jones get ready, she told you her right knee was hurting her. With your help, she managed to get out of bed and using her walker went to breakfast where she ate as well as usual. After breakfast though, she didn't want to go to Bingo. She said she was tired and instead asked you to help her get back into bed.

Discussion Guide

1. Ask: *How is Mrs. Jones different? What are the "red flags?"*
2. Explain *why these are red flags and what to keep an eye on.* Make this a teachable moment, as you would in a huddle.
3. Have staff look at Stop and Watch. Ask: *Which areas relate to the day's information?*

Share:

On Wednesday, Mrs. Jones asked if she could eat breakfast in her room. You helped her get dressed because she seemed a little more tired than usual and noticed that her TEDS were more difficult to put on today than usual. Mrs. Jones then spent most of the day in bed reading or napping.

Discussion Guide

1. Ask: *How is Mrs. Jones different? What are the “red flags?”*
2. Explain *why these are red flags and what to keep an eye on.* Make this a teachable moment, as you would in a huddle.
3. Have staff look at Stop and Watch. Ask: *Which areas relate to the day’s information?*

Share:

By Friday, Mrs. Jones is more like herself. Because you discussed the red flags in huddle, the nurses realized that her pain, likely caused by arthritis, wasn't responding to her usual pain medications. They called the doctor, changed her medications and asked therapy to evaluate her. They also realized that her increased swelling may have been related to her heart failure. They got an order for an increased dose of Lasix to help prevent the fluid buildup from getting worse. With better pain control, she was more able to participate in her usual activities.

Discussion Guide

1. Ask: *How did sharing the red flags prevent Mrs. Jones from getting worse?*
2. Explain *why it’s important to catch these developments early.* Make this a teachable moment, as you would in a huddle.
3. Have staff look at the MDS Sections D - G. Explain *that these are the areas considered so important to keep track of for residents that they are especially looked at every three months and whenever any concerns come up.*

Explain *reporting by exception – sharing when something is different than usual.*

Discuss: How could any changes in these areas be shared at a huddle?

Begin the discussion on how to make it happen.

Ask:

Where would we start?

What would we need to make this work?