

# *National Consumer Voice (NCCNHR)*

## The First 24 Hours Getting Residents Off to a Good Start in Their Stay

October 20, 2010

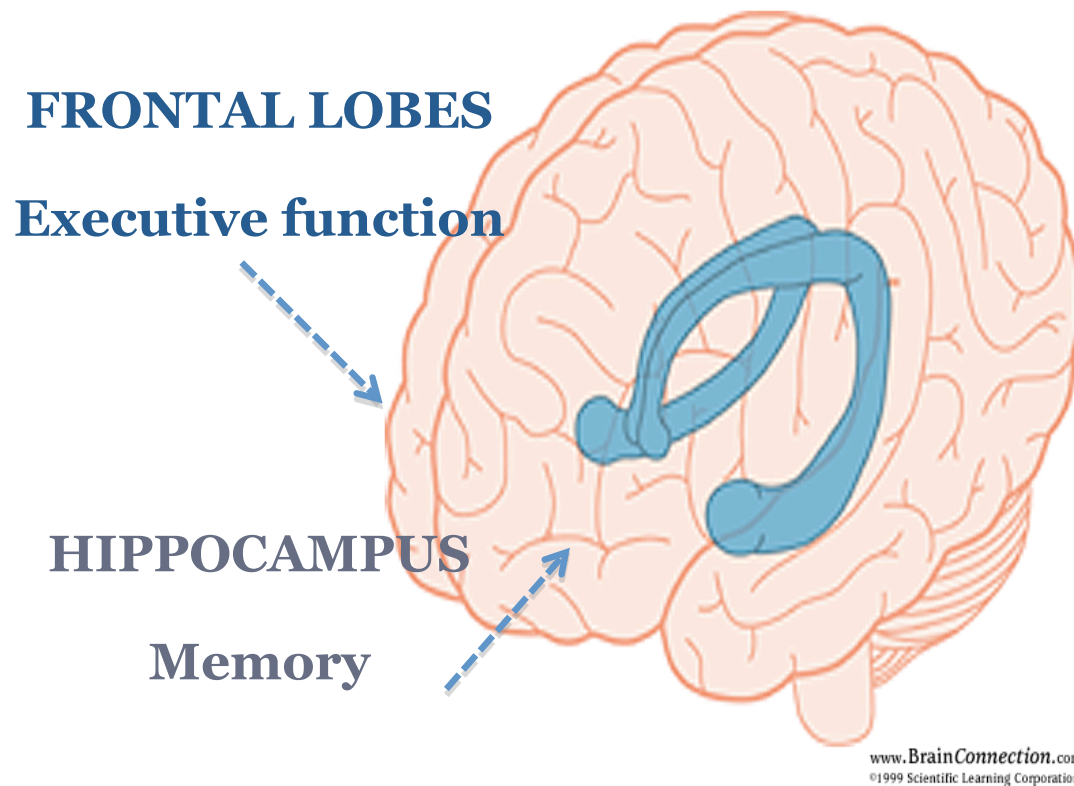
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# DISCUSS IN A LEARNING CIRCLE:

If you needed to go into a nursing home, or other LTC, what would have to happen **in the first hours** for you to feel *welcomed, safe, and okay* – as okay as possible?



What you do and how you do it effects the release of:

- Cortisol
- Neurotransmitters
  - Endorphins
  - Serotonin

These chemicals can sharpen or flood thinking, memory, and executive function

# Making a Warm Welcome – Best Practices

- What does the outside entrance area look like?
- Who welcomes at the door?
- What does the entryway look and sound like?
- Who escorts to room and who welcomes there?
- How is staff made available to focus on the welcome and provide them with an orientation to their room and surroundings in a way that they can take it in?
- What may be needed immediately for care and comfort? (Bathroom, shower, meal, rest, unpack, pictures and belongings put around)
- How are belongings put in place?
- How can staff anticipate and avoid embarrassing moments for new residents

# Case Scenario - Administrator

As you leave the building on Friday you have a brief concern that the new resident you had expected earlier in the day has not yet arrived. But several other things take your attention and you drop that stitch.

On your arrival Monday morning  
you are met by an angry family  
member.

She tells you that her mother had been admitted from the hospital early Friday evening and that the weekend was a disaster.

There was no meal for her when the trays were delivered Friday night, and by the time the kitchen sent something up, the family had gotten take out at a local restaurant.



She was not bathed all weekend.

She'd told the nurse she would do her mother's personal laundry and when she came in to get it, it had already been sent down and now she had some items missing.

Meals were late all weekend. She felt a need to come in for each meal to make sure her mother had something to eat.

She brought her concerns to the nurses. Each time she visited, she had to start all over again.

She asks,  
***“Don’t you talk to each other here?”***

You learn from your staff that this resident was never put on anyone's assignment for the entire weekend.

You're horrified.  
How could this have happened?  
And why is this the first you're  
hearing about it?

You tell her you will get the situation straightened out immediately and that you want to make sure it never happens again.



# ***Good to Great*** by Jim Collins

- Autopsies without blame
- Red flag mechanisms

# LET'S DISSECT WHAT HAPPENED

Was her first mistake leaving before the person arrived?

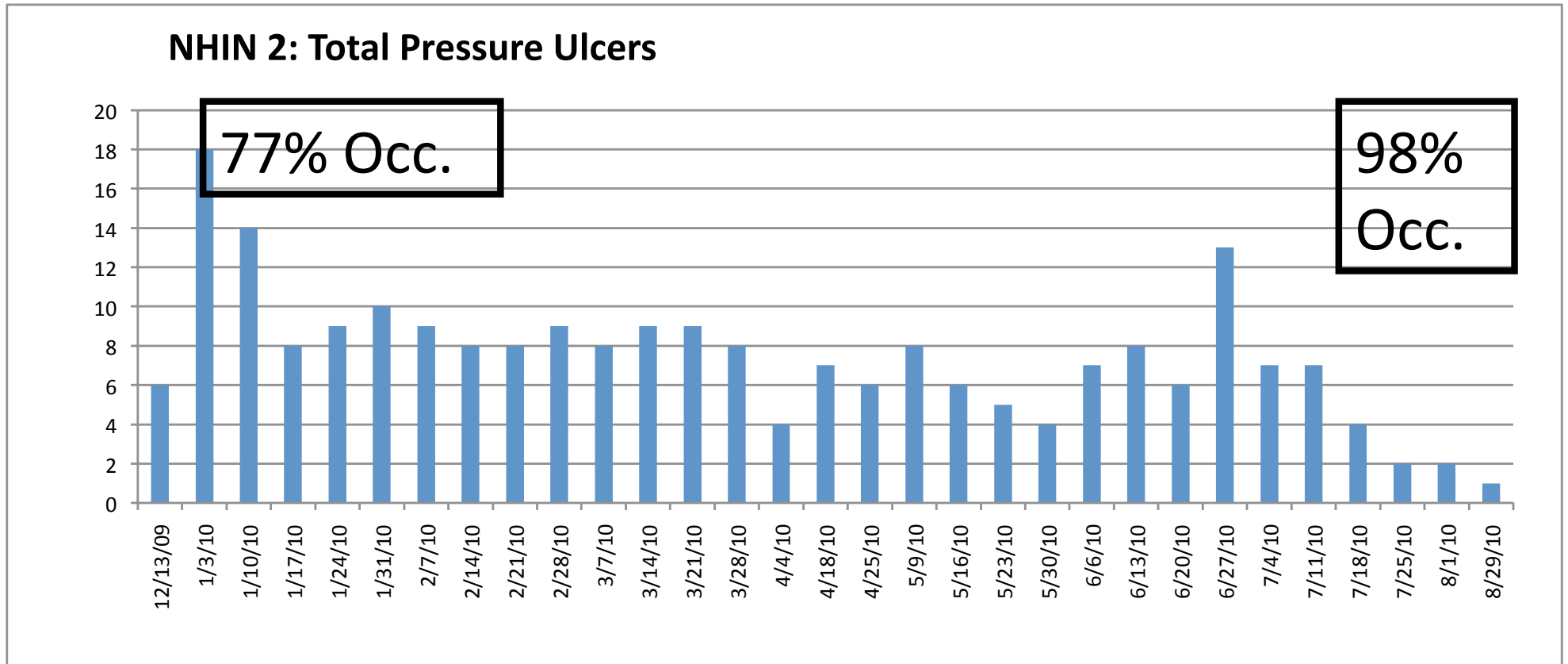
**YOUR SYSTEMS CAN'T DEPEND ON  
YOUR BEING THERE –  
THEY HAVE TO WORK WHETHER  
YOU'RE THERE ARE NOT.**

So let's take a look at the systems that  
need to work...

# WHAT ARE SYSTEMS FOR FIRST 24 HOURS?

- With hospital or other place of receiving
- On the Unit:
  - Staff Assignments
  - Change of shift report
  - Leadership on unit
- Communication Systems Across depts
  - Food Services
  - Laundry
- Leadership during off hours

# From NH in Need to NH in the Lead



Adm. & DoN Rounds	All Hands on Deck	Nurse Leadership Training	New ADoN, Charge Nurse Changes	Unit-based QI
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# Relationships Determine Outcomes

- Quality, the **result**, is a function of quality, the **process**
- Cannot continuously improve ***interdependent systems and processes*** until you progressively improve interdependent, interpersonal **relationships**

Covey, 1991

# Theory of relational coordination:

- Relationships with the resident are shaped by the relationships among all those who are caring for the resident
- It is the *community* of relationships that shapes the resident experience

Jody Hoffer Gittel  
Brandeis University

# Dimensions of Relational Coordination

Interdisciplinary ~ Interdepartmental  
Across Shifts and Days

## Communication

- Frequent
- Timely
- Accurate
- Problem-solving

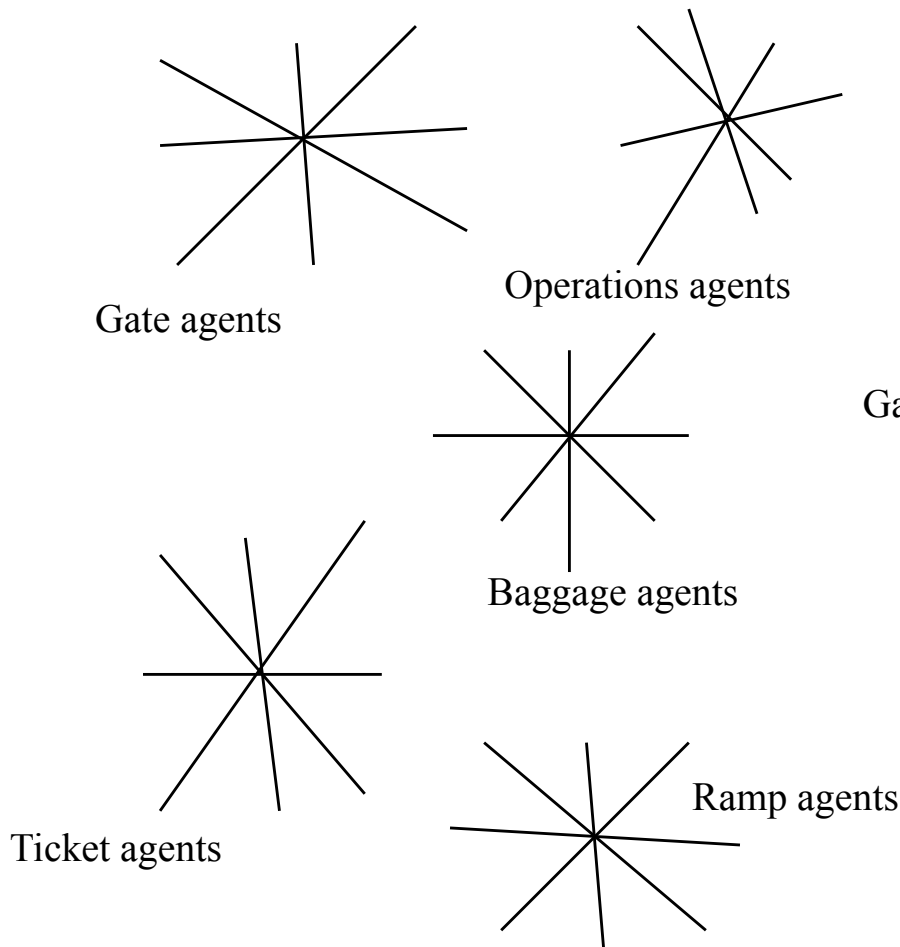


## Relationship

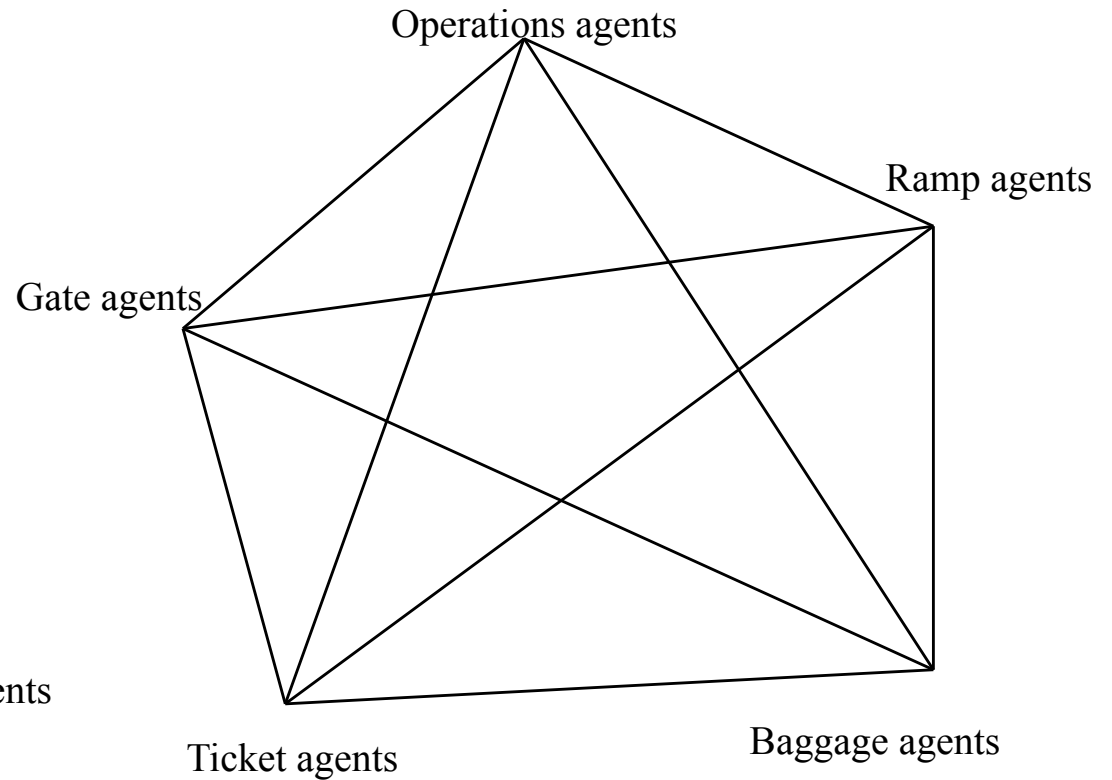
- Shared Goals
- Shared Knowledge
- Mutual Respect



# Flight Departure Process

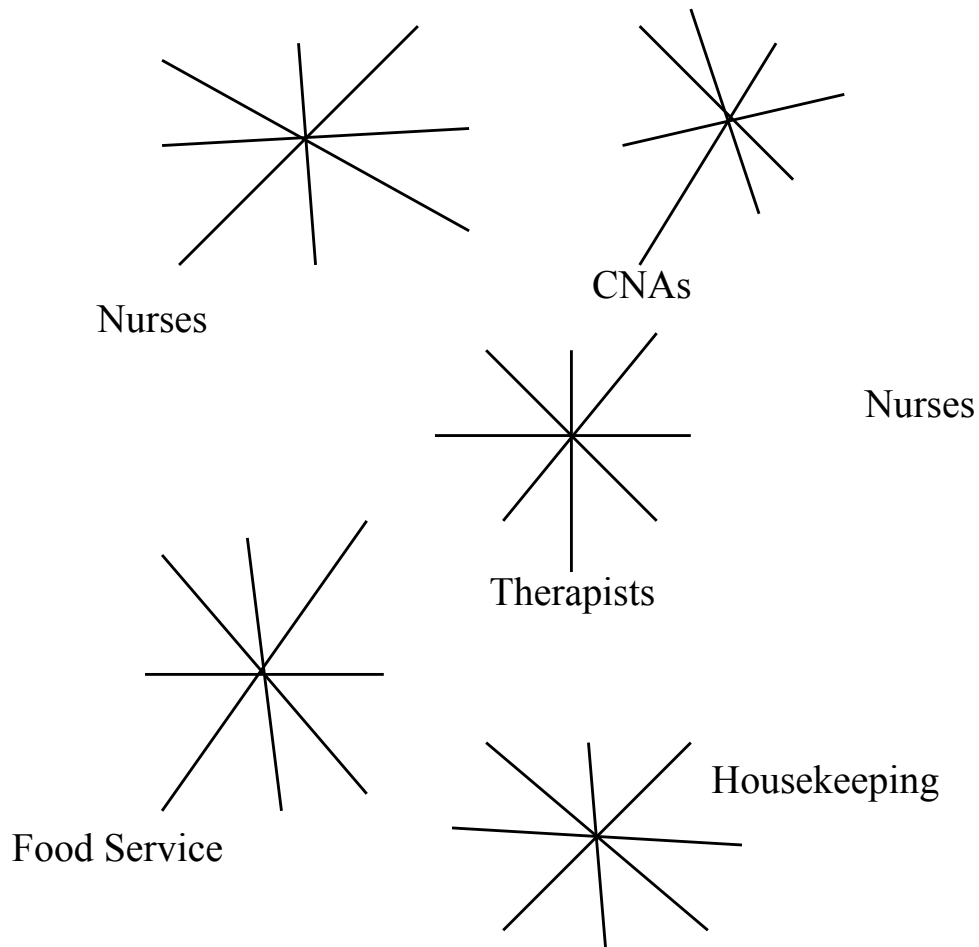


Within functions

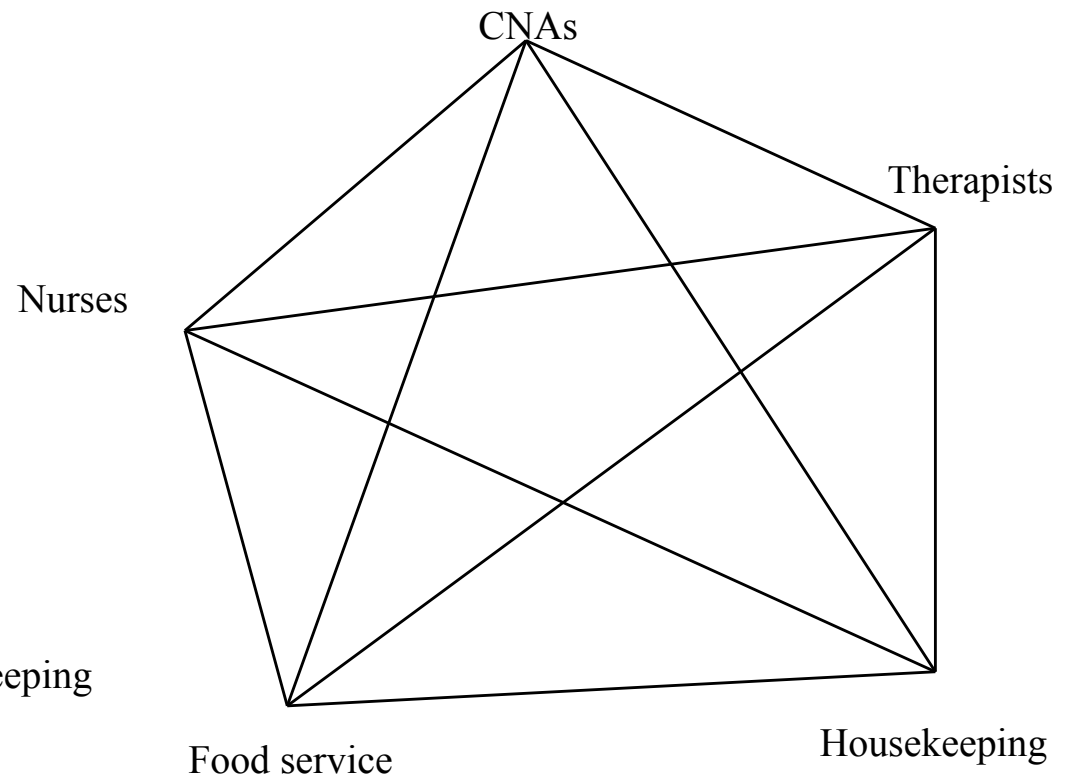


Across functions

# In Nursing Homes



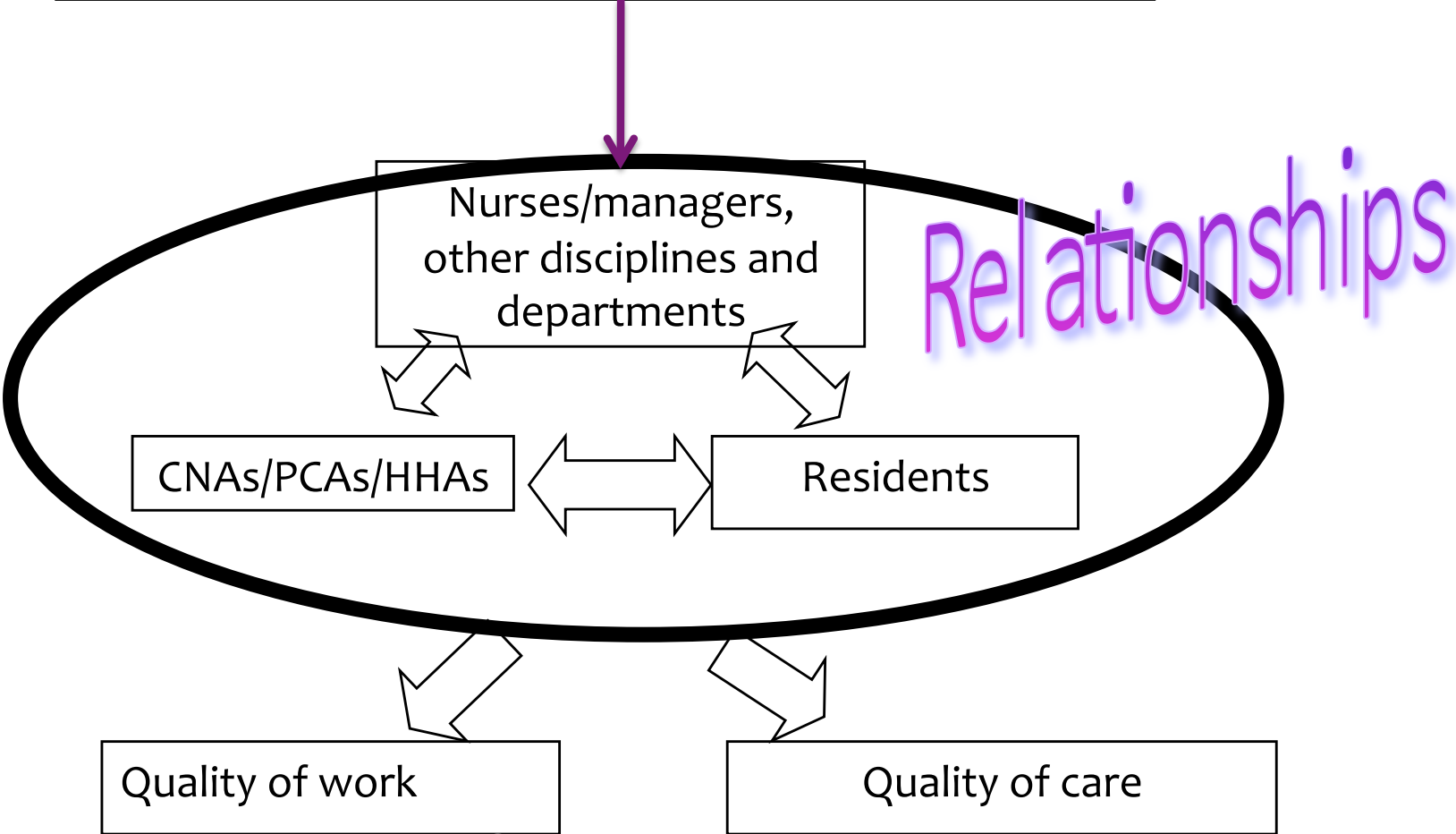
Within functions



Across functions

# Relationships Closest to the Resident Matter Most

Interdepartmental and Interdisciplinary Coordination



What systems ensure  
good communication and  
good “relational coordination”  
for a good welcome?

# ***MDS 3.0 - Getting to Know You***

## Customary Routines and Preferences

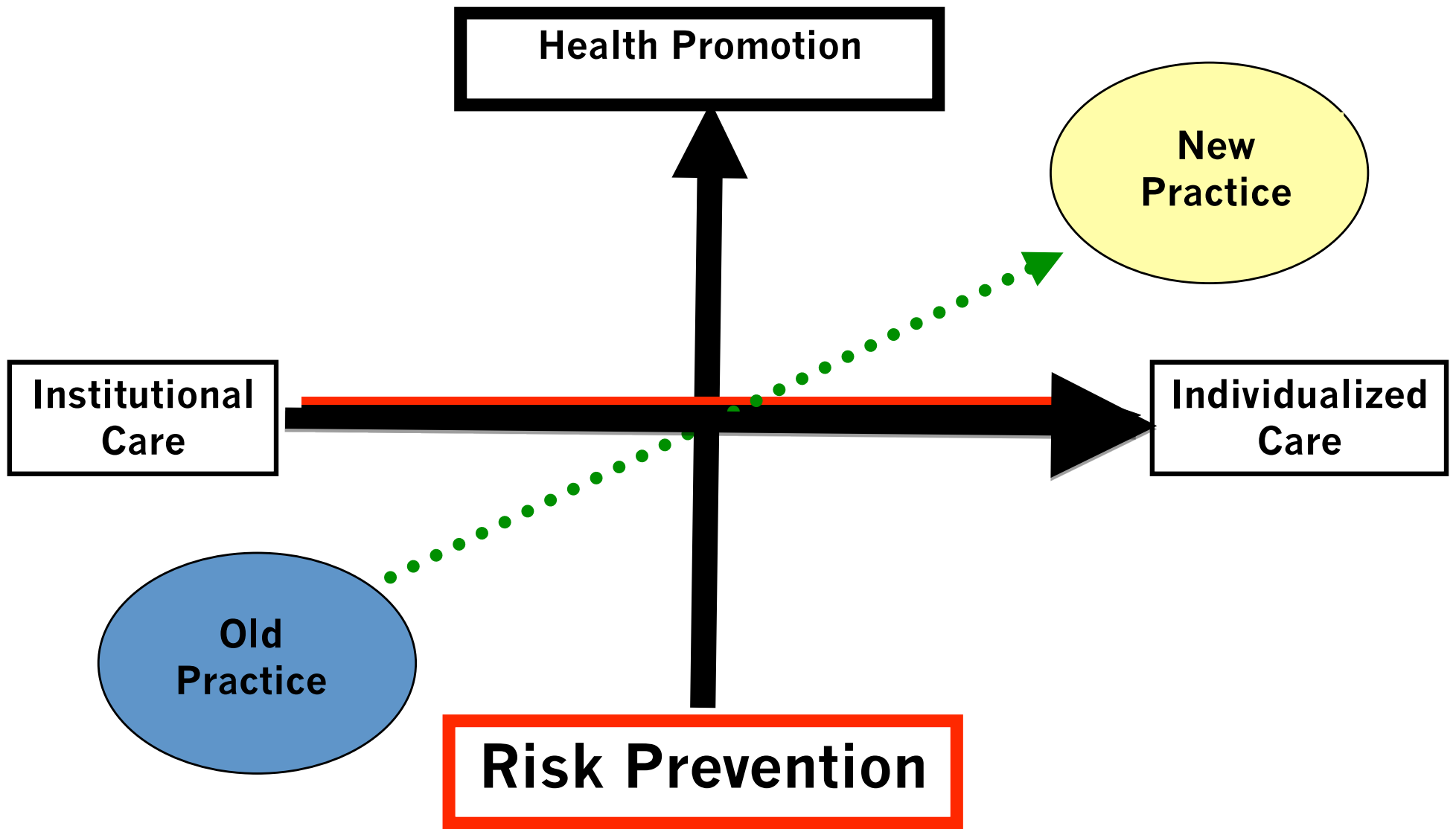
- Just in time
  - Food
  - Bath/shower
  - Night routine
  - Morning routine
  - Safe passage to bathroom
  - Personal communication
  - A good night's sleep
  - Comfort and companionship

# MDS 3.0

- Align with CNAs and Charge Nurses charting
- Consistent Assignment
- Include all shifts
- Coordinate between rehab and unit staff
- Individualize “Customary Routines”
- On-going IDT process
- “Ground-up” QI

What was Mr. McNally like  
when he first came in?

What caused his  
decline?

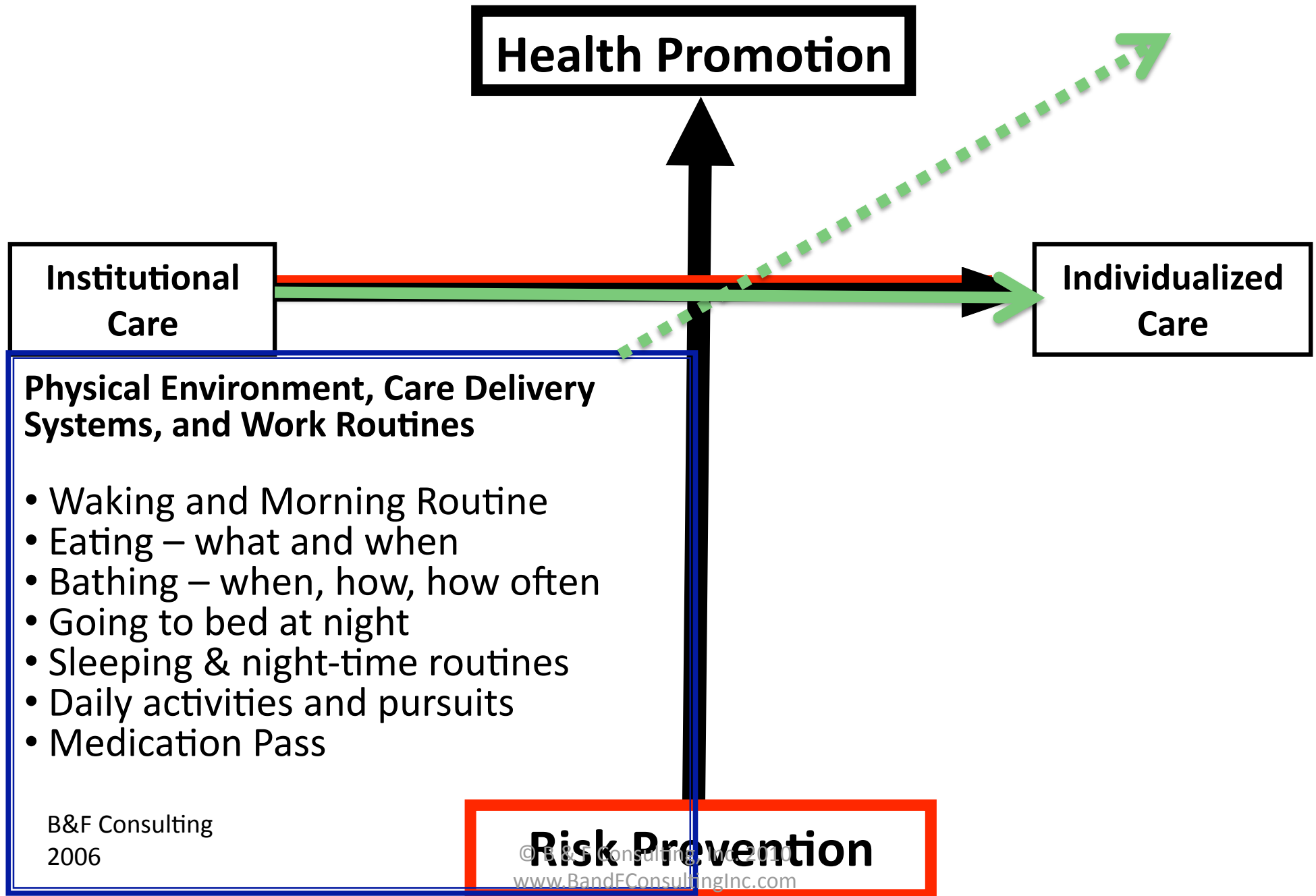




# F242 Self-Determination and Participation

- 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*

# From Institutional to Individualized Care



# 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

# Where is Info on Residents' Choices?

- Resident, and family/friends
- MDS
- Social Work Assessment
- Social History

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

# “Just-in-time” communication

Flow of info in the First 24 hours

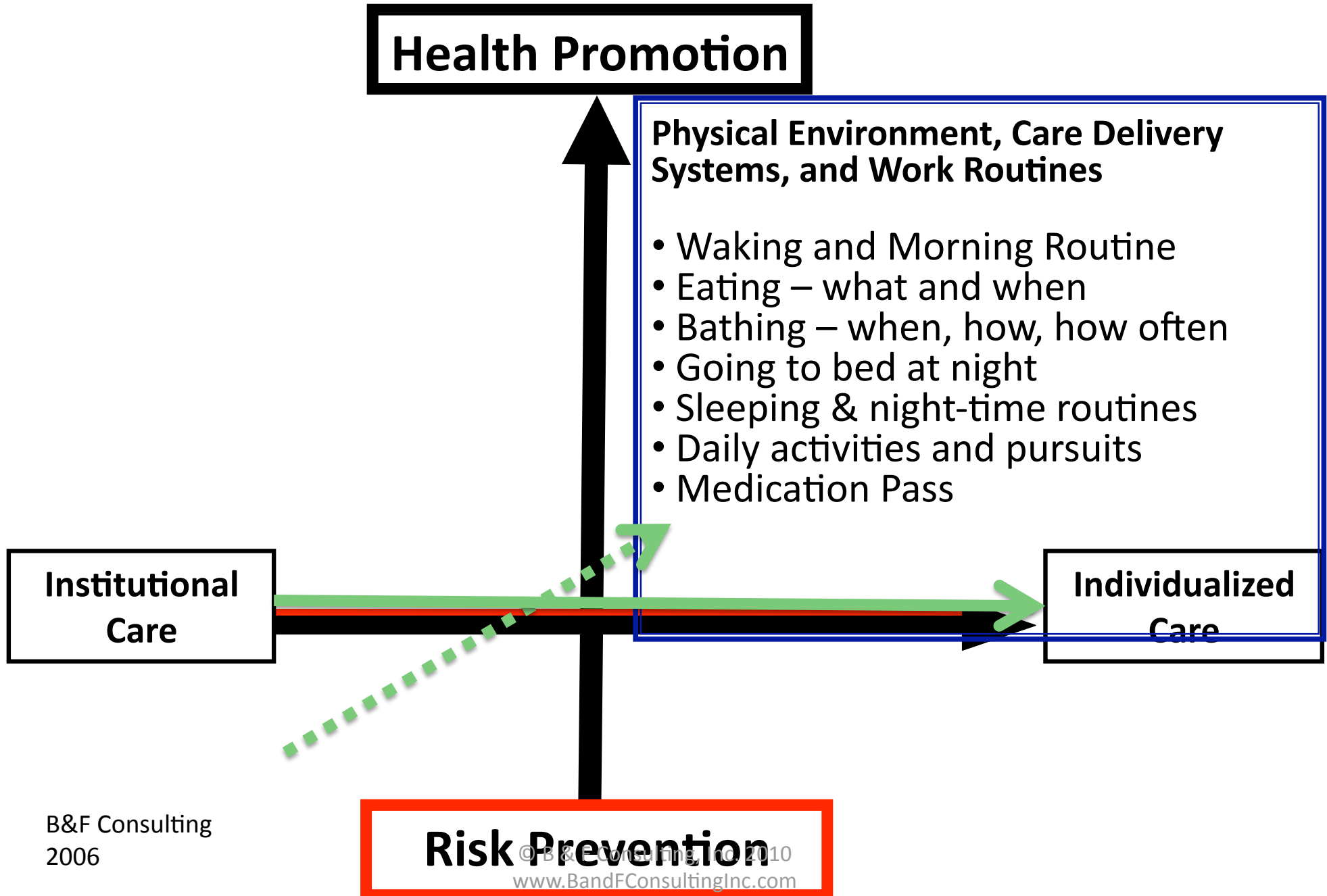
## ***Who needs what info by when?***

- Consistent caregiver on each shift
- Food services
- Housekeeping
- On-coming shift
- Others

# Systems to Support Just-in Time Communication

- ✓ Coordination by SW and CNA/Nurses
- ✓ Start-of-shift stand-up
- ✓ Shift-to-shift hand-offs
- ✓ Hand-offs to Weekend Staff
- ✓ Interdisciplinary Team
- ✓ Coordination between Rehab and Unit-staff

# From Institutional to Individualized Care

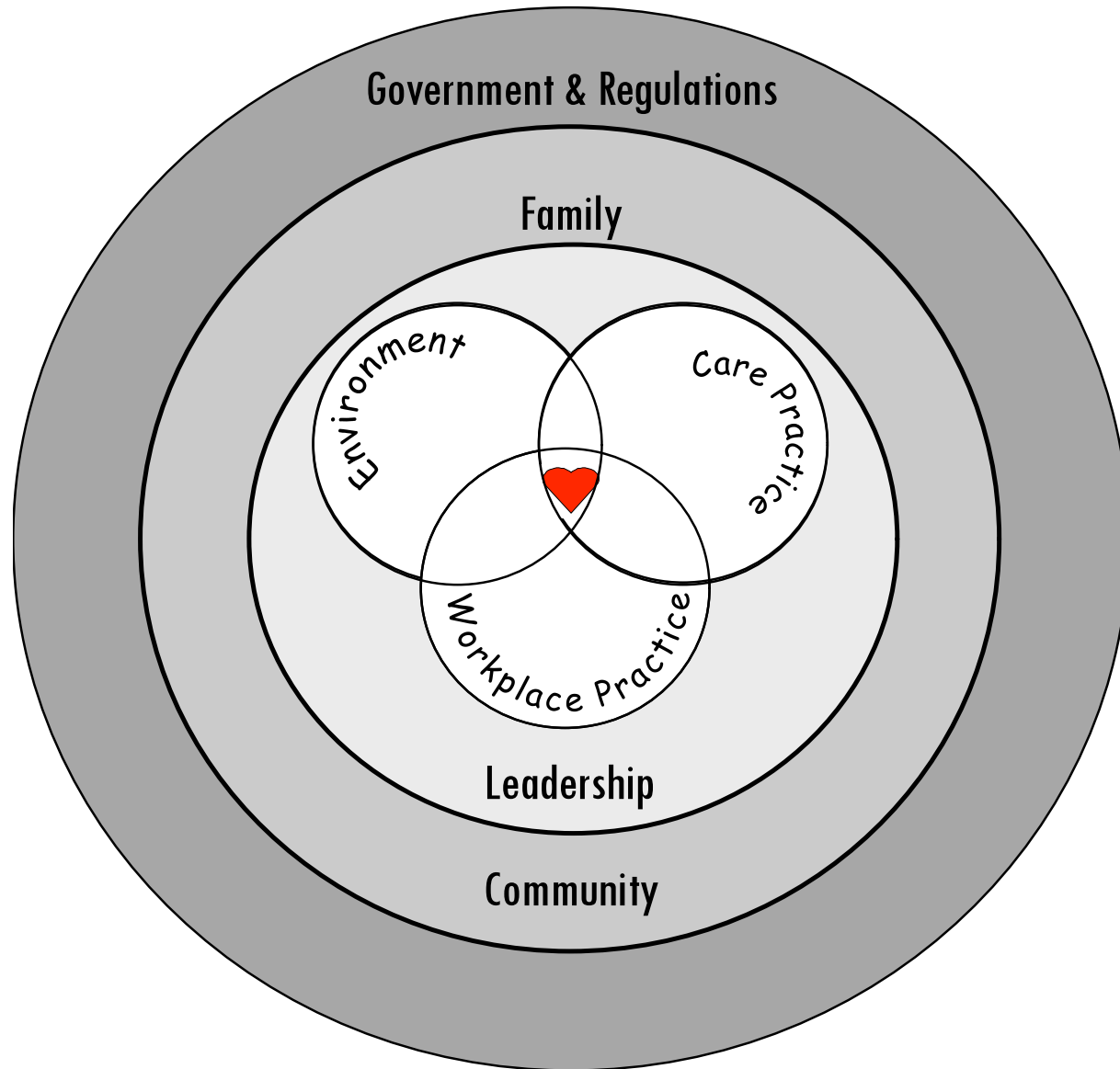


# All systems focus on individualized care

- MDS 3.0
- QIS
- QM/QI
- RUGs
- Survey
- 5 Star



# Holistic Approach to Transformational Change HATCH





# IBASHO

*A place where  
one feels at home being one's self*

Emi Kiyota

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