Implementing Consistent Assignment

Part One:
Why Consistent Assignment is Essential to Eliminate Off-Label Antipsychotics

Spring 2016
Barbara Frank, B&F Consulting
www.BandFConsultingInc.com
Implementing Consistent Assignment
Three Part Webinar Series

Part One:
• Why It’s Essential
• Overcoming Common Barriers
• Getting Started with Consistent Assignment

Part Two:
• Engaging Staff in Implementing Consistent Assignment
• Engaging Systems in Support of Consistent Assignment

Part Three:
• Maximizing and Sustaining Consistent Assignment
The Cumulative Effect of Many Changes
Addressing the Many Interrelated Root Causes

FROM Vicious Cycle of Instability TO Positive Cycle of Steady Improvement

Relational Coordination and A Positive Chain of Leadership

TIPPING POINT

Reduce Stress
- Rounds to check in on people, not up on people
- All Hands on Deck
- Community Meetings

Stabilize Staffing
- Identify and support your best employees
- Improve attendance and schedule
- Hire for character and give new employees a good welcome

Develop a Positive Chain of Leadership
- People development
- Develop Nurses as Leaders
- Help people improve/hold people accountable

Promote Relational Coordination and Critical Thinking
- Consistent assignment
- Shift Huddles and Inter-shift communication
- CNAs active in care planning
- QI among staff closest to the resident

Achieve Quality Improvement through Individualized Care
- Transform from Institutional to Individualized Care Delivery Systems to support customary routines such as waking, sleeping, eating, bathing, and daily activity, to promote mobility and reduce psychoactive meds and hospitalizations

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WHY CONSISTENT ASSIGNMENT?

The Caregiving Relationships Closest to Your Residents Have the Greatest Impact On Your Residents’ Well-being, Especially for Residents with Dementia
MDS Section E Behavior

### E0200. Behavioral Symptom - Presence & Frequency

Note presence of symptoms and their frequency

<table>
<thead>
<tr>
<th>Coding:</th>
<th>Enter Codes in Boxes</th>
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<tbody>
<tr>
<td>0. Behavior not exhibited</td>
<td>A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)</td>
</tr>
<tr>
<td>1. Behavior of this type occurred 1 to 3 days</td>
<td>B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)</td>
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<td>2. Behavior of this type occurred 4 to 6 days, but less than daily</td>
<td>C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)</td>
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<td>3. Behavior of this type occurred daily</td>
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### E0800. Rejection of Care - Presence & Frequency

Did the resident reject evaluation or care (e.g., bloodwork, taking medications, ADL assistance) *that is necessary to achieve the resident's goals for health and well-being?* Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and determined to be consistent with resident values, preferences, or goals.

- Enter Code

- 0. Behavior not exhibited
- 1. Behavior of this type occurred 1 to 3 days
- 2. Behavior of this type occurred 4 to 6 days, but less than daily
- 3. Behavior of this type occurred daily

Which care is being rejected, and why?
Experiential Scenario
Imagine...

You have to get to the bus stop at 3:00 to pick up your son. You know he’s waiting for you and he’ll be upset and crying if you’re not there on time.

But as you go to try to meet the bus, a stranger stops you and tells you you can’t do this and bars you from leaving.

Adapted from Thomas Kitwood
How Would You Feel?

What Would You Do?
Imagine...

You are in a deep sleep.

You hear someone come into your room. It’s someone you don’t recognize.

They tell you to get up.

Adapted from Thomas Kitwood

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How Would You Feel?

What Would You Do?
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Understanding Behavioral Communication

Amygdala

- Regulates emotions
  - Fear
  - Anger
- Apathy
- Paranoia
- Outbursts
Understanding Behavioral Communication

Differentiating Between Agitation and Aggression

Susan Wehry, MD
http://www.susanwehrymd.com
### Agitation

- Slapping thighs
- Clapping
- Yelling
- Screaming

#### Self-referred
- Something is wrong with *me*
- Do something!

From Susan Wehry, MD
Agitation

HELP ME
Pain
Hunger or Thirst
Other Urgent Need

From Susan Wehry, MD
Aggression

• Hitting out
• Kicking
• Pinching
• Biting
• Threatening
• Swearing

From Susan Wehry, MD
Aggression

STOP

LEAVE ME ALONE!

From Susan Wehry, MD
Aggression

From Susan Wehry, MD

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If a resident with dementia is escalating and demanding that you *remove their tray RIGHT NOW* but you are taking care of someone else... what will work best?

a. Explain that you will get to them as soon as you can
b. Tell them they have to wait their turn, you are caring for someone else
c. Go find someone else to help them
d. Tell the resident you are helping that you will be right back, then go to the other resident and remove the tray.
Look for unmet needs

- Hunger, thirst
- Too hot, too cold
- Tired
- Bored
- Overstimulated
- Pain
- Toileting

*Comfort care*
Employ the 3 R's
(Reassure, Respond, and Refocus)
The **Why** of Consistent Assignments

- Residents feel safe. Their caregiver feels familiar.
- Caregivers know just how residents like it, so residents trust them, and staff can plan their work.
- Staff recognize the early signs of distress and can prevent avoidable events and maintain residents’ well-being.
- Working together engineers teamwork.
- Staff stability – staff who know they are valued stay.
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

Eaton, Bishop, Gittell

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www.BandFConsultingInc.com and djfarrell1963@yahoo.com
When residents were asked what matters most for quality care, they said:

Kind caring staff, who know me as a person and help me continue to be the person I am
Individualized Care = Better Outcomes
Facility must:

• Actively seek information
• Be “pro-active” in assisting residents to fulfill their choices
• Make residents’ choices known to caregivers
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<th>Question</th>
<th>Response</th>
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<td>Do you choose when to get up in the morning?</td>
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<td>If no, what time do you get up and what time would you like to get up in the morning?</td>
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<tr>
<td>Do you choose when to go to bed at night?</td>
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<tr>
<td>If no, what time do you go to bed and what time would you like to go to bed?</td>
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<tr>
<td>Do you choose how many times a week you take a bath or shower?</td>
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<tr>
<td>If no, how many times a week do you get a bath or shower? How many times a week would you like to bathe?</td>
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<tr>
<td>Do you choose whether you take a shower, tub, or bed bath?</td>
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<tr>
<td>If no, what type of bathing are you receiving? What would you like to receive?</td>
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<tr>
<td>Can you have visitors any time during the day or night?</td>
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<tr>
<td>If no, what are the visiting restrictions?</td>
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</table>
CNAs ask five simple questions:

1. How would you like to be addressed?
2. What time do you want to shower?
3. What time do you want to go to bed?
4. What time would you like to wake up?
5. What would make you comfortable?

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MDS Section E Behavior

We can avoid residents’ distressed behaviors by avoiding stressful situations, by knowing residents well through consistent assignment.
The *Why* of Consistent Assignments

Drink up
The Why of Consistent Assignments

What was it like to be helped to drink?
Receiving Intimate Care is Emotionally Difficult

How Care is Provided Really Matters
The **Why** of Consistent Assignments

What would it be like if you had dementia?
For residents with dementia, familiarity is essential.

**Consistent staff can:**
- Adjust to a resident’s preferred ways of doing things
- Know what makes a resident feel safe and comfortable
- Anticipate and prevent distress
“We all understand the value of consistent assignment, but we tried it and couldn’t keep it up.”

Overcoming Common Barriers
Common Barriers

1. Unfair assignments
2. Residents everyone finds difficult to care for
3. Unscheduled absences
4. Staff vacancies
5. Preferred schedules and getting everyone their hours
6. Staff know a resident would prefer it a certain way but the system won’t allow it, so they...give the bath anyway or wake someone up who really wants to sleep...and then staff would rather rotate.
Implement Consistent Assignments in Ten Steps

- **Step One:** Assemble a Team
- **Step Two:** Measure Current Consistency
- **Step Three:** Prepare the Ground through Staff Training
- **Step Four:** Assign Staff to One Work Area
- **Step Five:** From Staff-Centered to Resident-Centered Schedule.
- **Step Six:** Adjust Staff Composition to Maximize Full-time Staff.
- **Step Seven:** Plan To Cover Unscheduled Absences without Moving Consistently Assigned Staff
- **Step Eight:** Meet with Staff to Rate Residents.
- **Step Nine:** Make Draft of Assignments.
- **Step Ten:** Monitor and Maximize to Sustain
  - Use What Staff Know.
Step One
Form a Team to Lead this Process

Include:

- Decision-maker (Administrator/DoN)
- A Unit Manager/House Manager/Shift Supervisor
- A CNA
- A Floor Nurse
- Scheduler and/or HR and/or Staff Development
Step Two
Measure Current Consistency

Determine the current state of daily assignments, in reality

- **Resident – caregiver count**
  Choose a sample of residents to gather data on. Count the number of CNAs assigned to care for each resident in the sample. Count the number of CNAs who signed off on that resident’s care.

- **Staff assignment change count**
  Choose a sample of CNAs and nurses to gather data on. Count the number of times staff are moved from their assignment to cover for an unscheduled absence.
Advancing Excellence tool to collect consistent assignment data: [https://www.nhqualitycampaign.org](https://www.nhqualitycampaign.org)

ABOUT THE CAMPAIGN

Our mission is to make nursing homes better places to live, work, and visit. The Advancing Excellence in America’s Nursing Homes Campaign is a major initiative of the Advancing Excellence in Long Term Care Collaborative. The Collaborative assists all stakeholders of long term care.

The Campaign helps nursing homes improve the quality of care and quality of life for the more than 1.5 million residents of America’s nursing homes by:

- **FREE** tools and resources to support evidence-based quality improvement programs
- Establishing and supporting an infrastructure of Local Area Networks for Excellence (LANEs)
- Strengthening the workforce
- Improving clinical and organizational outcomes

Support the Campaign through [membership](https://www.nhqualitycampaign.org).
Step Three
Prepare the Ground through Staff Training

Take the paired drinking exercise out to your staff and talk about consistent assignment.
Let them know you’ll be working with them to figure it out.
Step Four
Group Staff By Work Area

Find out which unit/neighborhood each of your CNAs and nurses prefer to work in.

Group staff into work areas.

This is a first step into consistency. By working in the same area every day with the same residents and co-workers, staff to get to know residents and each other.

Immediately staff and residents will benefit, and your organization will have more stability.
Activating High Involvement

• You are activating a high-engagement process both for your team and for your staff.
• This process generates analytical thinking both among team members and among staff.
• When you implement consistent assignment in a way that involves your staff in figuring out assignments, you are creating the environment for their continued contributions.
• For consistent assignment to be sustained, your organization has to draw on what staff know about their residents.
Implement Consistent Assignments in Ten Steps

Part Two:

- Engaging Staff in Implementing Consistent Assignment
- Engaging Systems in Support of Consistent Assignment

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Contact Information

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Questions?

If you have any questions regarding this presentation, please email them to TQM@dads.state.tx.us