Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

HQIN
Health Quality Innovation Network

Are We On The Same Page?

Reduce Readmissions/ED Visits with Team Communication

July 7, 2022

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Health Quality Innovation Network

HQI
HEALTH QUALITY INNOVATORS

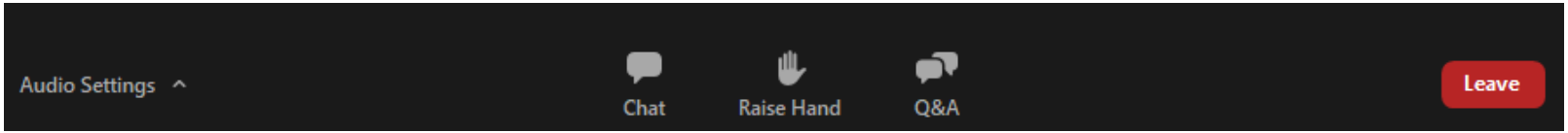
The Carolinas Center
for Medical Excellence

kfmc
HEALTH IMPROVEMENT PARTNERS

Kansas Healthcare
COLLABORATIVE

HQIN
Health Quality Innovation Network

Logistics – Zoom Webinar



To ask a question, click on the **Q&A** icon.

Raise your hand if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.

HQIN Team

April Faulkner
Communications Specialist

Allison Spangler
BSN, RN, RAC-CT, QCP
Quality Improvement Advisor

Sandra Atkins
Project Assistant

Objectives

- Identify communication challenges
- Define effective communication
- Identify TeamSTEPPS® tools and strategies that can improve a team's communication
- Review real-world nursing home scenarios using TeamSTEPPS® communication strategies to reduce hospital readmissions/ED visits

Communication Challenges

- Language barrier
- Distractions
- Personalities
- Workload
- Varying communication styles
- Conflict
- Lack of information verification
- Shift change

What Can Improved Communication Do for Us?

- Improve resident outcomes
- Increase resident satisfaction
- Reduce staff turnover
- Reduce clinical errors and adverse drug events
- Improve medication reconciliation

Introducing TeamSTEPPS®

- Powerful solution to improving resident safety within your organization
- Evidence-based teamwork system to improve communication and teamwork skills among health care professionals
- Source of ready-to-use materials and a training curriculum to successfully integrate teamwork principles into all areas of your health care system

Team

S trategies &
T ools to
E nhance
P erformance &
P atient
S afety

TeamSTEPPS Concepts	
Concept	***Definition***
Call-Out	To Request or Provide Information
Cross-Check	Parroting Requests for Confirmation of Understanding
Check-Back	Closing the loop of communication.
SBAR	**S**ituation, **B**ackground, **A**ssessment, **R**ecommendation
Brief	Short planning session prior to start
Huddle	Team regroup to reestablish awareness and planning
Hand-Off	Transfer of information during transitions
CUS	I'm **C**oncerned, I'm **U**ncomfortable, This is a **S**afety Issue
Two-Challenge	It is your responsibility to assertively voice a concern at least two times to ensure it had been heard.

Effective Communication

Complete

Clear

Brief

Timely

A Taste of Four TeamSTEPPS® Tools

- SBAR
- Check Back
- Huddle
- Handoff

SBAR Communication

Situation

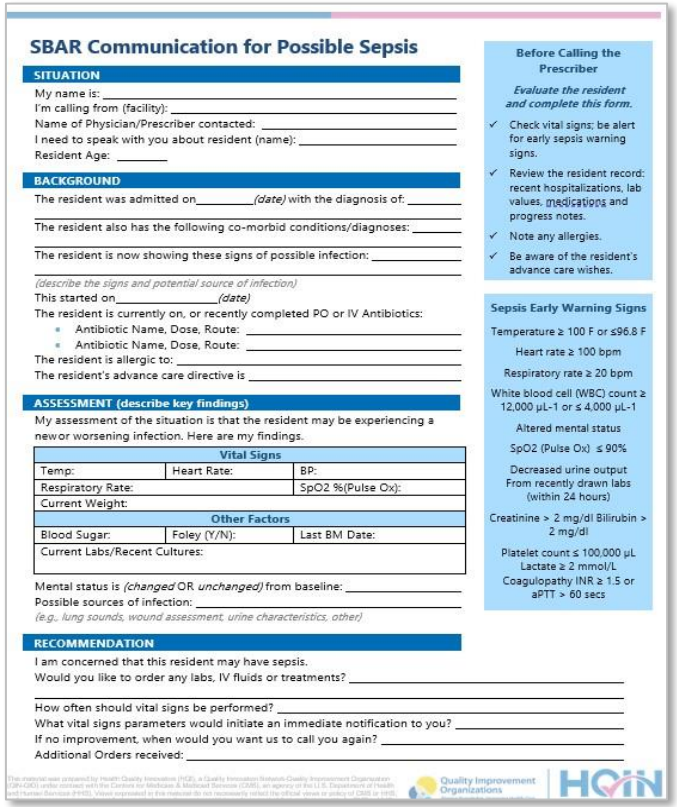
Background

Assessment

Recommendation/**R**eview

SBAR: *The Video*

There's an SBAR for Possible Sepsis



SBAR Communication for Possible Sepsis

SITUATION

My name is: _____
I'm calling from (facility): _____
Name of Physician/Prescriber contacted: _____
I need to speak with you about resident (name): _____
Resident Age: _____

BACKGROUND

The resident was admitted on_____*(date)* with the diagnosis of: _____
_____
The resident also has the following co-morbid conditions/diagnoses: _____
_____
The resident is now showing these signs of possible infection: _____
_____
(describe the signs and potential source of infection)
This started on_____*(date)*
The resident is currently on, or recently completed PO or IV Antibiotics:
- Antibiotic Name, Dose, Route: _____
- Antibiotic Name, Dose, Route: _____

The resident is allergic to: _____
The resident's advance care directive is _____

ASSESSMENT (describe key findings)

My assessment of the situation is that the resident may be experiencing a new or worsening infection. Here are my findings.

Vital Signs		
Temp:	Heart Rate:	BP:
Respiratory Rate:		SpO2 %(Pulse Ox):
Current Weight:		
Other Factors		
Blood Sugar:	Foley (Y/N):	Last BM Date:
Current Labs/Recent Cultures:		

Mental status is *(changed* OR *unchanged)* from baseline: _____
Possible sources of infection: _____
(e.g., lung sounds, wound assessment, urine characteristics, other)

RECOMMENDATION

I am concerned that this resident may have sepsis.
Would you like to order any labs, IV fluids or treatments? _____
_____
How often should vital signs be performed? _____
What vital signs parameters would initiate an immediate notification to you? _____
If no improvement, when would you want us to call you again? _____
Additional Orders received: _____

Before Calling the Prescriber

Evaluate the resident and complete this form.

- ✓ Check vital signs; be alert for early sepsis warning signs.
- ✓ Review the resident record: recent hospitalizations, lab values, medications and progress notes.
- ✓ Note any allergies.
- ✓ Be aware of the resident's advance care wishes.

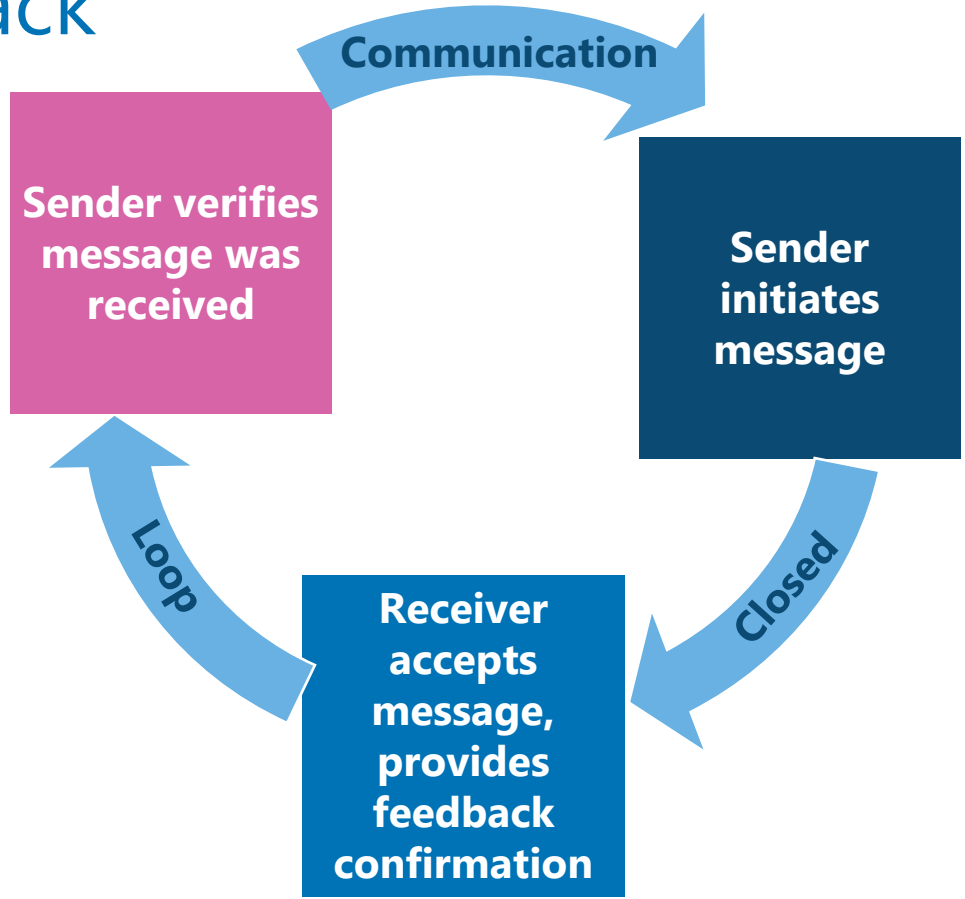
Sepsis Early Warning Signs

Temperature ≥ 100 F or ≤96.8 F
Heart rate ≥ 100 bpm
Respiratory rate ≥ 20 bpm
White blood cell (WBC) count ≥ 12,000 µL-1 or ≤ 4,000 µL-1
Altered mental status
SpO2 (Pulse Ox) ≤ 90%
Decreased urine output From recently drawn labs (within 24 hours)
Creatinine > 2 mg/dl Bilirubin > 2 mg/dl
Platelet count ≤ 100,000 µL Lactate ≥ 2 mmol/L Coagulopathy INR ≥ 1.5 or aPTT > 60 secs

- Printable or fillable form
- Sequenced information as it should be communicated to provider
- Prompts the nurse to ensure pertinent information is in one place before calling
- Completed forms can be shared with on-coming nurse/supervisor
- Can be included in resident's medical record

SBAR Communication for Possible Sepsis

Check Back


Communication
Sender initiates message
Closed
Receiver accepts message, provides feedback confirmation
Loop
Sender verifies message was received

Check Back: *The Video*

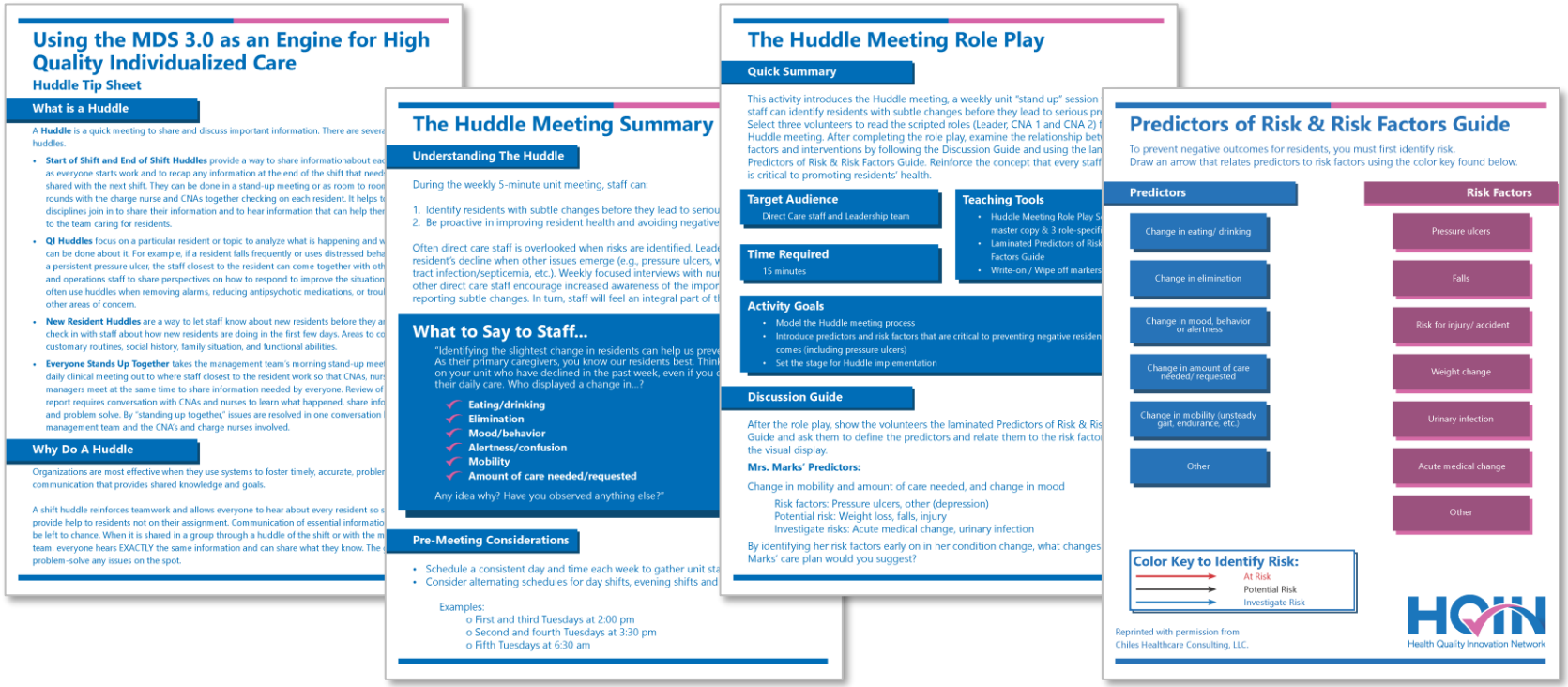
Huddle

Quick meeting to share and discuss important information

- Shift huddle
- New resident huddle
- QI huddles

Huddle: *The Video*

Huddle Guide Toolkit



Using the MDS 3.0 as an Engine for High Quality Individualized Care

Huddle Tip Sheet

What is a Huddle

A **Huddle** is a quick meeting to share and discuss important information. There are several huddles.

- **Start of Shift and End of Shift Huddles** provide a way to share informationabout each as everyone starts work and to recap any information at the end of the shift that need shared with the next shift. They can be done in a stand-up meeting or as room to room rounds with the charge nurse and CNAs together checking on each resident. It helps t disciplines join in to share their information and to hear information that can help ther to the team caring for residents.
- **QI Huddles** focus on a particular resident or topic to analyze what is happening and w can be done about it. For example, if a resident falls frequently or uses distressed beha a persistent pressure ulcer, the staff closest to the resident can come together with oth and operations staff to share perspectives on how to respond to improve the situation often use huddles when removing alarms, reducing antipsychotic medications, or trou other areas of concern.
- **New Resident Huddles** are a way to let staff know about new residents before they ar check in with staff about how new residents are doing in the first few days. Areas to co customary routines, social history, family situation, and functional abilities.
- **Everyone Stands Up Together** takes the management team's morning stand-up meet daily clinical meeting out to where staff closest to the resident work so that CNAs, nurs managers meet at the same time to share information needed by everyone. Review of report requires conversation with CNAs and nurses to learn what happened, share info and problem solve. By "standing up together," issues are resolved in one conversation management team and the CNA's and charge nurses involved.

Why Do A Huddle

Organizations are most effective when they use systems to foster timely, accurate, problem communication that provides shared knowledge and goals.

A shift huddle reinforces teamwork and allows everyone to hear about every resident so s provide help to residents not on their assignment. Communication of essential informatio be left to chance. When it is shared in a group through a huddle of the shift or with the m team, everyone hears EXACTLY the same information and can share what they know. The problem-solve any issues on the spot.

The Huddle Meeting Summary

Understanding The Huddle

During the weekly 5-minute unit meeting, staff can:

1. Identify residents with subtle changes before they lead to seriou
2. Be proactive in improving resident health and avoiding negative

Often direct care staff is overlooked when risks are identified. Leade resident's decline when other issues emerge (e.g., pressure ulcers, w tract infection/septicemia, etc.). Weekly focused interviews with nur other direct care staff encourage increased awareness of the impor reporting subtle changes. In turn, staff will feel an integral part of t

What to Say to Staff...

"Identifying the slightest change in residents can help us preve As their primary caregivers, you know our residents best. Think on your unit who have declined in the past week, even if you their daily care. Who displayed a change in...?

- **Eating/drinking**
- **Elimination**
- **Mood/behavior**
- **Alertness/confusion**
- **Mobility**
- **Amount of care needed/requested**

Any idea why? Have you observed anything else?"

Pre-Meeting Considerations

- Schedule a consistent day and time each week to gather unit sta
- Consider alternating schedules for day shifts, evening shifts and

Examples:
- First and third Tuesdays at 2:00 pm
- Second and fourth Tuesdays at 3:30 pm
- Fifth Tuesdays at 6:30 am

The Huddle Meeting Role Play

Quick Summary

This activity introduces the Huddle meeting, a weekly unit "stand up" session staff can identify residents with subtle changes before they lead to serious pr Select three volunteers to read the scripted roles (Leader, CNA 1 and CNA 2) f Huddle meeting. After completing the role play, examine the relationship bet factors and interventions by following the Discussion Guide and using the lan Predictors of Risk & Risk Factors Guide. Reinforce the concept that every staff is critical to promoting residents' health.

Target Audience
Direct Care staff and Leadership team

Teaching Tools
- Huddle Meeting Role Play S master copy & 3 role-specif
- Laminated Predictors of Risk Factors Guide
- Write-on / Wipe off markers

Time Required
15 minutes

Activity Goals
- Model the Huddle meeting process
- Introduce predictors and risk factors that are critical to preventing negative residen comes (including pressure ulcers)
- Set the stage for Huddle implementation

Discussion Guide

After the role play, show the volunteers the laminated Predictors of Risk & Ris Guide and ask them to define the predictors and relate them to the risk factor the visual display.

Mrs. Marks' Predictors:

Change in mobility and amount of care needed, and change in mood

Risk factors: Pressure ulcers, other (depression)
Potential risk: Weight loss, falls, injury
Investigate risks: Acute medical change, urinary infection

By identifying her risk factors early on in her condition change, what changes Marks' care plan would you suggest?

Predictors of Risk & Risk Factors Guide

To prevent negative outcomes for residents, you must first identify risk.
Draw an arrow that relates predictors to risk factors using the color key found below.

Predictors	Risk Factors
Change in eating/ drinking	Pressure ulcers
Change in elimination	Falls
Change in mood, behavior or alertness	Risk for injury/ accident
Change in amount of care needed/ requested	Weight change
Change in mobility (unsteady gait, endurance, etc.)	Urinary infection
Other	Acute medical change
	Other

Color Key to Identify Risk:
- At Risk
- Potential Risk
- Investigate Risk

Reprinted with permission from Chiles Healthcare Consulting, LLC.

HQIN Health Quality Innovation Network

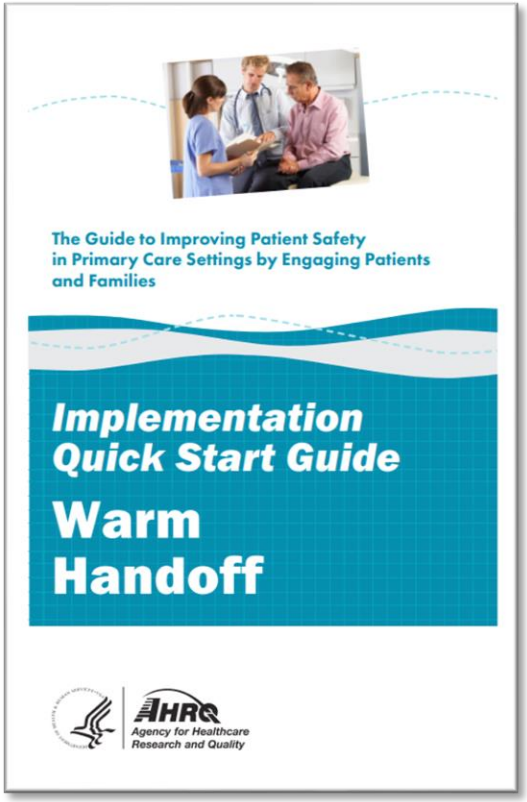
Handoff

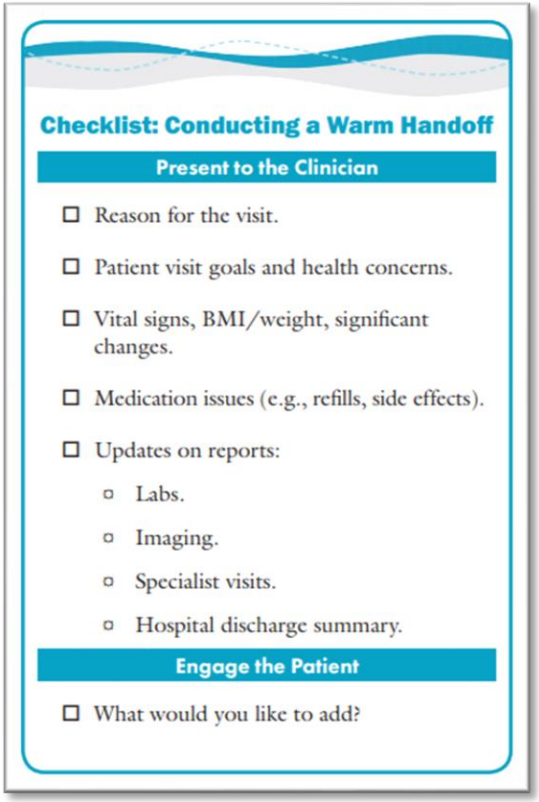
The transfer of information during transitions in care across the continuum

- Includes an opportunity to ask questions, clarify and confirm

Handoff: *The Video*

Warm Handoff Guide & Checklist





Checklist: Conducting a Warm Handoff

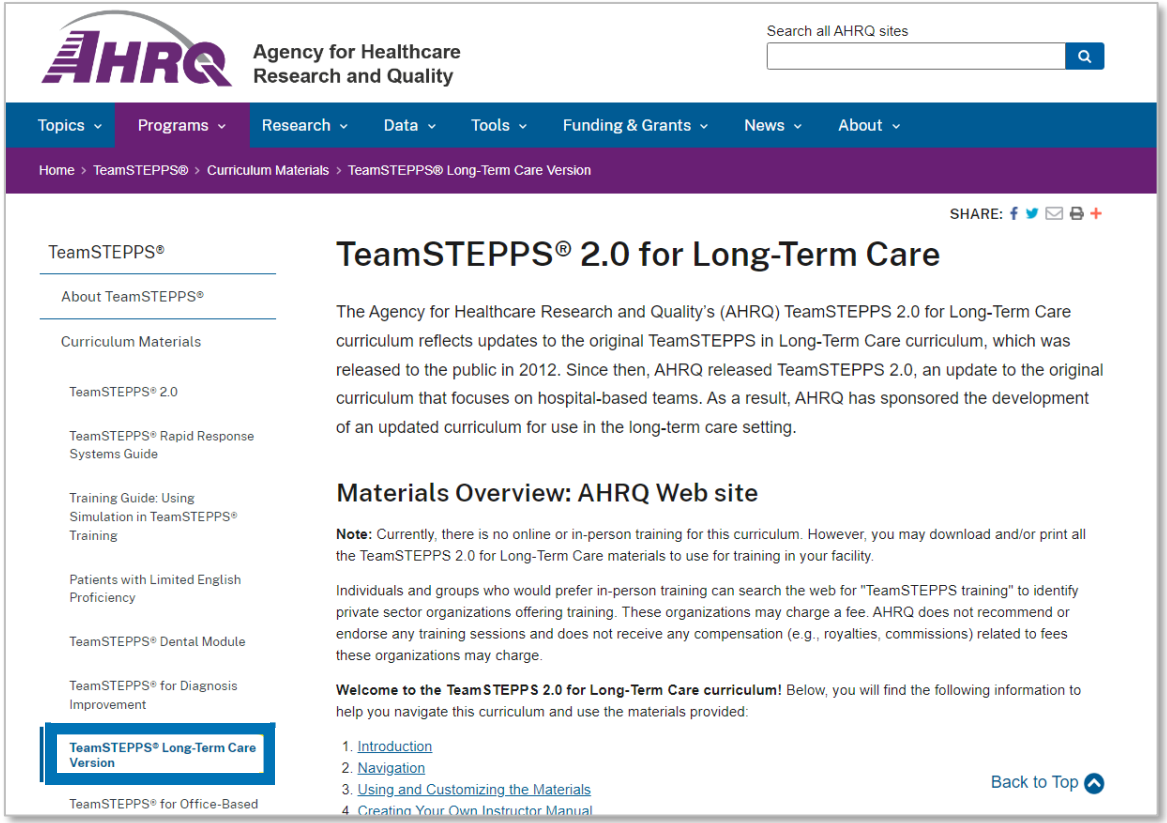
Present to the Clinician

- ☐ Reason for the visit.
- ☐ Patient visit goals and health concerns.
- ☐ Vital signs, BMI/weight, significant changes.
- ☐ Medication issues (e.g., refills, side effects).
- ☐ Updates on reports:
  - Labs.
  - Imaging.
  - Specialist visits.
  - Hospital discharge summary.

Engage the Patient

- ☐ What would you like to add?

Where Can I Find TeamSTEPPS® Materials?



FREE & available on AHRQ's website

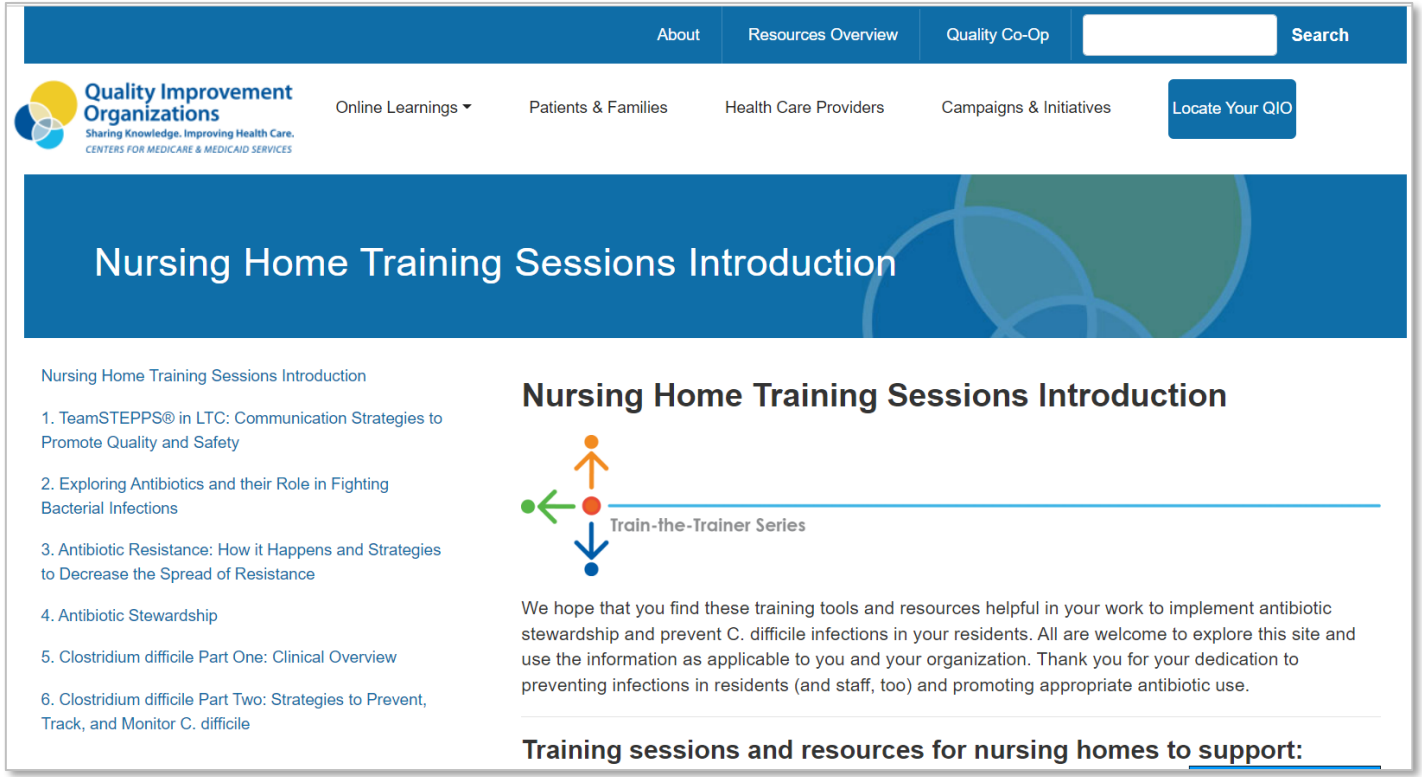
I Don't Have Time to Design a Training Program

- **Core Curriculum**
  This Web page provides the materials needed to learn and teach TeamSTEPPS 2.0 for Long-Term Care. This includes the course overview, the Course Management Guide, and all materials associated with instructional modules 1-12. Individuals who complete both the Fundamentals and the Trainer/Coach modules are considered "Master Trainers." Please refer to the Course Management Guide for more information about the core curriculum.
  - Overview Materials;
    - Course Overview (PDF; 3 pages; 193.5 KB).
    - Curriculum Table of Contents (PDF; 1 page; 159 KB).
    - Course Management Guide (PDF; 41 pages; 711 KB).
  - Fundamentals (Modules 1-7);
    - Module 1 – Introduction:
      - Module 1 Instructor Guide (PDF; 27 pages; 1.25 MB).
      - Module 1 Instructional Slides (PPT; 18 slides; 1.7 MB).
      - Module 1 Evidence Base (PDF; 6 pages; 375 KB).
      - TeamSTEPPS Implementation Worksheet (PDF; 4 pages; 116.2 KB).
      - Sue Sheridan video [9 minutes 49 seconds] (*Instructional slides include link to the video*).
    - Module 2 – Team Structure:
      - Module 2 Instructor Guide (PDF; 21 pages; 849 KB).
      - Module 2 Instructional Slides (PPT; 17 slides; 2.48 MB).
      - Module 2 Evidence Base (PDF; 3 pages; 350.5 KB).
      - Teams and Teamwork Exercise Sheet (PDF; 1 page; 166.5 KB).
      - Teamwork Opportunity (LTC) video [3:16] (*Instructional slides include link to the video*).
    - Module 3 – Communication:
      - Module 3 Instructor Guide (PDF; 29 pages; 1.6 MB).
      - Module 3 Instructional Slides (PPT; 20 slides; 3.1 MB).

It's already been done for you!

- Instructor Guide
- Slides
- Scripts
- Exercises
- Tools

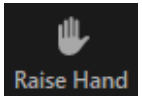
QIO Nursing Home Training Sessions



TeamSTEPPS® Resources

- TeamSTEPPS® 2.0 for Long-Term Care
- QIN-QIO Nursing Home Training Sessions
- SBAR Communication for Possible Sepsis | HQIN
- Implementation Quick Start Guide: Warm Handoff | AHRQ
- Checklist: Conducting a Warm Handoff | AHRQ
- Huddle Guide Toolkit | HQIN

Questions? Comments? Share What is Working or What is Difficult for Your Team!



Raise your hand to verbally ask a question

Type a question by clicking the **Q&A** icon

Don't hesitate to ask a question after the webinar is over.

Email **LTC@hqi.solutions** *or your HQIN Quality Improvement Advisor.*

FOR MORE INFORMATION

Call 877.731.4746 or visit www.hqin.org

LTC@hqin.solutions

Kansas

Brenda Groves

Quality Improvement Advisor

bgroves@kfmc.org

785.271.4150

Missouri

Dana Schmitz

Quality Improvement Advisor

dschmitz@hqi.solutions

314.391.5538

South Carolina

Beth Hercher

Quality Improvement Advisor

bhercher@thecarolinascenter.org

803.212.7569

Virginia

Allison Spangler

Quality Improvement Advisor

aspangler@hqi.solutions

804.289.5342

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW/HQI/QIN-QIO-0257-07/01/22

HQIN
Health Quality Innovation Network

From HQIN:

To all essential care giving teams supporting residents and families,

Thank you for attending