

# Daily Strategies To Use During Your **Nursing Home** Stand-Up Meetings

The following Health Quality Innovation Network resource is a 9-week education series tailored for nursing home stand-up meetings, aimed at decreasing preventable emergency room (ED) visits and hospital readmissions.

Each week of this resource contains five short, concentrated evidence-based talking points that can easily be included in daily stand-up meetings to increase staff knowledge on relevant topics like effective communication, adverse drug events and infection prevention. The program is designed to empower caregivers with practical knowledge to foster a safer environment.

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## Week 1: Pneumonia

### Monday

Pneumonia can lead to emergency department visits and rehospitalization. If you prevent pneumonia, you can prevent going to the hospital.

Monitor for early signs such as shortness of breath, coughing that gets worse, change in mucus, fever and chest pain. If treated early, many residents can remain in the nursing home and avoid hospitalization. **Review Friday to Sunday 24-hour reports to identify residents with changes in conditions that could indicate pneumonia.**

### Tuesday

The pneumonia vaccine is the single most effective way to reduce the incidence of pneumonia.

**Review your immunization process:**

- Are all residents assessed upon admission for immunization status including pneumonia vaccine status, and are they offered the vaccination as appropriate?
- Is the vaccine provided in a timely manner after consent is obtained?
- Is there an immunization tracking system that includes resident pneumonia vaccines? If yes, is there a schedule in place to audit the tracking system?

**Did you know** the Centers for Disease Control and Prevention (CDC) has a mobile app (and web version) to help vaccination providers quickly and easily determine which pneumococcal vaccine is needed and when? Find out more about [PneumoRecs VaxAdvisor Mobile App for Vaccine Providers](#).

## Wednesday

Pneumonia can be caused by aspiration.

- Are all residents monitored for aspiration risk and referred to speech therapy for an evaluation if risk is identified?
- Are there residents who are an aspiration risk and need to be referred?
- Is there education and competency available on precautions, signs and symptoms of aspiration?

**Provide your staff a quick reference resource with HQIN's [Aspiration Pneumonia Pocket Card](#). Download the PDF, print it, cut out the cards (there are three to a page) and distribute them to staff.**

ASPIRATION PNEUMONIA	
	Aspiration pneumonia is a type of pneumonia caused by the infiltration of something other than air, such as food, saliva or other substances into the lungs. The condition is typically caused by bacteria that normally reside in the mouth or nasal passages.
	<b>Risk Factors</b>
	<ul style="list-style-type: none"> <li>• Dysphagia (difficulty swallowing) can come from aging, many disorders, illnesses or damage</li> <li>• Tube feeding</li> <li>• Poor oral health &amp; care</li> <li>• Weakened immune system</li> <li>• Alcoholism</li> <li>• Frailty</li> </ul>
	<b>Symptoms</b>
	<ul style="list-style-type: none"> <li>• Bluish skin color (cyanosis) indicates worsening condition – escalate immediately</li> <li>• Cough, sometimes with yellow or green sputum</li> <li>• Difficulty swallowing</li> <li>• Fatigue</li> <li>• Fever</li> <li>• Shortness of breath (dyspnea)</li> <li>• Chest pain</li> <li>• Halitosis (bad breath)</li> <li>• Sweating</li> <li>• Low oxygen levels</li> </ul>
	<small> <ul style="list-style-type: none"> <li>• This material was prepared by Health Quality Incentives (HQI), a Quality Incentives Network Quality Improvement Organization (QIO) under contract with the Centers for Medicare &amp; Medicaid Services (CMS), in support of the U.S. Department of Health and Human Services (HHS). This information is for informational purposes only and does not constitute an offer of insurance or any other financial product. It is not intended to be used as a substitute for professional advice. © 2018 HQI. HQI/2018/02/01/001</li> </ul> </small>

## Thursday

Did you know providing daily oral care can prevent bacteria from accumulating and will decrease risk of pneumonia if aspiration occurs? **Assign staff to verify that all residents have a toothbrush and toothpaste as appropriate.** Are residents care planned as applicable for assistance with oral care?



## Friday

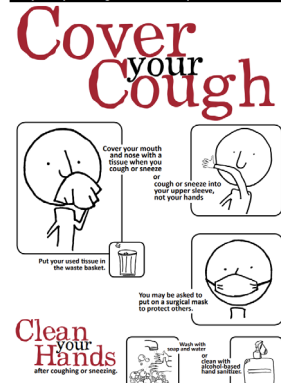
To prevent the spread of respiratory infection, remind residents and staff to practice respiratory hygiene and cough etiquette. Is there signage posted to remind residents, visitors and staff about cough etiquette?

**Click the images or links below to download signage to hang in your facility as a reminder for everyone to cover their cough.**

[Cover Your Cough Sign \(Centers for Disease Control and Prevention\)](#)



Stop the spread of germs that make you and others sick!



[Cover Your Cough \(Association for Professionals in Infection Control and Epidemiology\)](#)



## Week 2: Urinary Tract Infections (UTIs)

### Monday

A suspected UTI can lead to a resident being transferred to the hospital. What does staff do if they suspect a resident has a UTI, or if the resident or family member tells you they suspect a UTI?

How does your clinical and physician staff know which criteria (McGeer, Loeb, NHSN) the facility follows? Has education been provided on this?

Download the two resources below to guide nursing staff in the initial evaluation of a possible UTI. **Review the weekend 24-hour reports for suspected UTIs.**

### Urinary Tract Infection Surveillance Pocket Card

**General Symptoms**

- Fever**
  - Single oral temp  $>100^{\circ}\text{F}$  ( $37.8^{\circ}\text{C}$ ), OR
  - Repeated oral temp  $>99^{\circ}\text{F}$  ( $37.2^{\circ}\text{C}$ ), OR
  - Repeated rectal temp  $>99.5^{\circ}\text{F}$  ( $37.5^{\circ}\text{C}$ ), OR
  - Single temp  $\geq 101^{\circ}\text{F}$  ( $38.3^{\circ}\text{C}$ ) from baseline from any site
- Leukocytosis**
  - $>14,000$  WBC / mm<sup>3</sup>, OR
  - $>10^6$  WBC / mm<sup>3</sup>, OR
  - $>15,000$  bands / mm<sup>3</sup>
- Acute Mental Status Change**
  - Acute onset,
  - AND fluctuating abnormal behavior, i.e. delirium,
  - AND inattention,
  - AND either disorganized thinking
  - OR altered level of consciousness
- Acute Functional Decline**
  - Spontaneous increase in baseline activities of daily living (ADL) score according to the following items:
    - Bed mobility
    - Transfer
    - Locomotion within LTCF
    - Dressing
    - Toilet use
    - Personal hygiene
    - Fatigue
  - Each scored from 0 (independent) to 4 (total dependence)

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**UTI in the Long-Term Care Setting**  
for residents, guests, families and visitors

**IS IT A UTI?**

Urinary Tract Infections (UTIs) are more common in older adults and people who have incontinence, a catheter, or need long-term nursing assistance. Only a test (UTI) should be used with antibiotics.

**Things to Look For Before Testing Urine**

- Fever
- Pain or burning with urinating, or pain in lower abdomen
- A strong urge to urinate and/or feeling the need to urinate more frequently
- Bleed in urine which can sometimes be mistaken for hematuria
- History of UTI and/or someone at higher risk

**Antibiotics come with RISK!**

Using antibiotics can cause:

- Nausea
- Loss of appetite
- Diarrhea
- Allergic reaction

**How do Health Care Providers Know if Someone has a UTI?**

The only way to know for sure someone has a UTI is if a health care provider does a UTI based on symptoms and urine tests.

**How to Help Prevent UTIs**

- Wash hands frequently
- Be knowledgeable about UTIs. Caring or overly caring about someone mean someone has a UTI. A change in behavior or memory does not mean someone has a UTI. Some residents can be in pain, especially for people living in long-term care. This alone does not mean they have a UTI.
- Report discomfort, pain, fever or blood in urine to staff
- Wipe front to back
- Understand the importance of hydration. Make sure to drink plenty of fluids. Frailty, help residents stay hydrated as directed by staff.

**Quality Improvement** **HCIN**

### UTI in Long-Term Care Setting: Residents, Guests, Families, Visitors

### Tuesday

As you are rounding, observe the following for residents with a urinary catheter and notify nursing as appropriate for any needed interventions. Perform hand hygiene before each and every manipulation of the catheter device or site. During inspection, look to make sure:

1. The catheter tubing is unobstructed and not twisted, kinked, or looped,
2. The urine collection bag is BELOW the level of the bladder. The catheter bag should never touch the floor,
3. The catheter is secured to the resident if mobile, and

4. The drainage bag is covered with a dignity bag. Empty the collection bag regularly and prior to transport.

**Observe residents with urinary catheters. Use the [urinary catheter observational tool](#) to record your findings.**

**Urinary Catheter: Observation**

**Instructions:** Observe patients with urinary catheters in place. Observe each practice and record the observation in the column on the right, sum (across) the total number of "Yes" and the total number of observations ("Yes" + "No"). Sum all categories (down) for overall performance.

Urinary catheter: Observation Categories	Patient				Summary of Observations	
	Patient 1	Patient 2	Patient 3	Patient 4	Yes	Total Observed
1. Is the catheter properly secured to the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Is there unobstructed flow from the catheter into the bag?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Is the collection bag below the level of the bladder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Are the bag and tubing off of the floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Total YES and TOTAL OBSERVED</b>						

# Wednesday

When is the last time you completed CNA observation rounds or competencies for providing peri care to residents?

Performing peri care the proper way can reduce the likelihood of a UTI. It is recommended to audit all new CNAs upon hire and annually. **Share this [Peri Care Audit Tool](#) with your clinical staff and schedule peri care audits.**

Peri Care Audit Tool		
Staff Initials: _____	Date: _____	Shift: _____
Completed by:	Steps to Evaluate	Comments
	<b>Perform hand hygiene</b>	
	Gather supplies	
	Know where emergency room	
	Provide privacy (door, curtains/roommate, resident draped)	
	Perform hand hygiene	
	Apply clean gloves	
	Remove gloves and apply clean gloves	
	<b>Remove Peri Care</b>	
	Apply clean gloves to edge (open idea and cleanse front to back including outer, inner and fingernails)	
	Use a clean wipe for each front-to-back cleaning if more cleaning is needed	
	Dry as needed	
	Apply clean gloves if applying barrier cream	
	Remove gloves and perform hand hygiene upon completion of all care	
	<b>Wash Peri Care</b>	
	Apply clean gloves to open, using circular motion from the middle down	
	Use a clean wipe each time if more cleaning is needed	
	Apply clean gloves and cleanse the scrotal area, thighs and testicles	
	Dry as needed	
	Apply clean gloves if applying barrier cream	
	Remove gloves and perform hand hygiene upon completion of all care	
	<b>Any time gloves are visibly soiled, perform hand hygiene and apply clean gloves</b>	

Provided immediate feedback of observation: YES / NO  
 Provided one-on-one education if indicated above: \_\_\_\_\_  
 I have received and understand the education provided above.  
 Staff Signature: \_\_\_\_\_  
 Printed Name and Title: \_\_\_\_\_

# Thursday



Take a close look at hydration. Are residents hydrated? What process is in place to offer residents fluids with each contact?

Remind direct care staff to offer fluids frequently and consider a "hydration station" and/or offering something to drink at resident activities and gatherings. Jell-O and popsicles are a great way to offer additional hydration.

Discuss with the team how additional hydration can be provided to the residents.

# Friday

Are the residents and families involved in UTI prevention? Providing education about the signs and symptoms of a UTI and the risks of antibiotic use is very important. Families have good ideas so be sure to ask them to help with providing hydration when they visit.

Download the Centers for Disease Control and Prevention's (CDC) [Antibiotics Aren't Always the Right Answer](#) resource, print it and make it available at the nurse station for residents and family members.

### Why does taking antibiotics lead to antibiotic resistance?

Any time you take antibiotics, they can cause side effects and contribute to the development of antibiotic resistance. Antibiotic resistance is one of the most urgent threats to the public's health.

#### Always remember:

1. Antibiotic resistance does not mean the body is becoming resistant to antibiotics; it means bacteria are developing the ability to defeat the antibiotics designed to kill them.
2. When bacteria become resistant, antibiotics cannot fight them, and the bacteria multiply.
3. Some resistant bacteria can be harder to treat and can spread to other people.

**More than 2.8 million antibiotic-resistant infections occur in the United States each year, and more than 35,000 people die as a result.**



### What is the right way to take antibiotics?

If you need antibiotics, take them exactly as prescribed. Never save your antibiotics for later use or share them with family or friends.

Taking antibiotics only when needed helps keep us healthy now, helps fight antibiotic resistance, and ensures that these life-saving drugs will be available for future generations.

Talk with your healthcare professional if you have any questions about your antibiotics, including how they could interact with other medications you are taking, or if you develop any side effects.

### What are the side effects?

Common side effects range from minor to very severe health problems and can include:

- Rash
- Dizziness
- Nausea
- Diarrhea
- Yeast infections

### Get immediate medical help if you experience:

- **Severe diarrhea**—it could be a symptom of a C. diff infection, which can lead to severe colon damage and death.
- **Severe and life-threatening allergic reactions**, such as wheezing, hives, shortness of breath, and anaphylaxis (which also includes feeling that your throat is closing or choking, or your voice is changing).

To learn more about antibiotic prescribing and use, visit [www.cdc.gov/antibiotic-use](http://www.cdc.gov/antibiotic-use) or call 1-800-CDC-INFO.



## Antibiotics Aren't Always the Answer.



**BE ANTIBIOTICS AWARE**  
 SMART USE. BEST CARE



## Week 3: Sepsis

### Monday

Sepsis is a medical emergency!

**Review any new admissions over the weekend for sepsis risk.** Talk to staff about the importance of communicating changes in condition early. Review the Stop and Watch tool and SBAR tools for communicating.

**Share the [Sepsis is a Medical Emergency Sepsis Fact Sheet](#) with your team and post for others to reference.**

**SEPSIS Fact Sheet: Sepsis is a Medical Emergency**

**AWARENESS!**  
**THE SIGNS OF SEPSIS\***  
 Shivering  
 Extreme pain  
 Pale skin  
 Sleepiness  
 I feel like I might die  
 Shortness of breath

**WHAT IS SEPSIS?**  
 Germs cause an infection that can enter your bloodstream and, if not stopped, can lead to sepsis. Sepsis is the body's extreme response to an infection, causing your organs to shut down one by one and can be deadly.

**Those at highest risk for sepsis are:**

- Children less than one year old
- Elderly greater than 65 years old
- Those with chronic conditions or weak immune systems
- Those with wounds or surgical incisions

**WAYS TO PREVENT SEPSIS**

- Wash your hands often and keep cuts and wounds clean to prevent infection
- Stay up to date on all vaccinations
- Know the signs of sepsis
- ACT FAST!** If you have an infection or wound that is not getting better or is getting worse

**TIME MATTERS**  
 It's a race against the clock!  
 Sepsis is treatable with antibiotics if caught in time. The more time you spend without antibiotics, the less time you have to fight for your life. Get medical care immediately and ask your health care provider "Could my infection be leading to sepsis?"

**LIFE AFTER SEPSIS**  
 More patients are surviving sepsis but many suffer from new problems:

- Memory loss
- Anxiety or depression
- Weakness and difficulty with routine tasks
- Difficulty sleeping
- Recurrent infection
- Medical setbacks from chronic conditions of the heart, lung or kidney

**HOW CAN I HELP MYSELF RECOVER?**

- Set small goals for yourself—like bathing
- Rest to rebuild your strength
- Eat a balanced diet
- Exercise as you feel up to it—like walking
- Surrounding help
- Watch for signs of new or repeat infection
- Take your temperature twice a day

**LEARN MORE** [www.hcin.org/sepsis](#)  
 \*Sepsis Alliance at [www.sepsisonline.com](#)

**SEPSIS IS A MEDICAL EMERGENCY**

Adapted from: [www.hcin.org/sepsis](#)

Quality Improvement Organizations **HQIN**

### Tuesday

Know the signs of Sepsis. Act Fast! Early detection of sepsis requires fast action!

**Act Fast! Early Detection of Sepsis Requires Fast Action**

**ACT FAST!**  
 Early detection of SEPSIS requires fast action

**HQIN**  
 Health Quality Innovation Network

If resident has suspected infection AND two or more:

- Temperature:  $\geq 100.7^\circ\text{F}$  or  $\leq 96.8^\circ\text{F}$
- Pulse  $\geq 100$
- SBP  $\geq 100$  mmHg or  $\geq 40$  mmHg from baseline
- Respiratory rate  $\geq 20$  breaths/min
- Altered mental status

Plan for:

- Notify physician/division
- Contact the physician
- Contact the family

If transferring resident to hospital:

- Prepare transfer sheet
- Call ambulance
- Call in report to hospital
- Report positive sepsis screen

If resident stays in facility, consider options below that are in agreement with resident's advance directives:

- Lab: CBC w/diff, lactate level of alert
- UAC/GC, blood cultures, as able from 2 sites, not from line
- Establish IV access for IV 0.9% NS 20mg/kg
- Administer IV, PO or IM antibiotics
- Monitor for worsening in spite of treatment, such as:
  - White count  $\geq 10,000$  in 24 hours
  - SBP  $\geq 90$  despite IV fluids
  - Altered mental status

Comfort care:

- Pain control
- Analgesic for fever
- Reposition every 2 hrs
- Oral care every 2 hrs
- Other fluids every 2 hrs
- Keep family informed
- Adjust care plan as needed
- Consider transferring to another level of care such as palliative care, hospice or hospital

**Every hour a resident in septic shock doesn't receive antibiotics, the risk of death increases 7.6%**

**Call the doctor!**

**100 seeing sepsis**

Is their temperature above 100?

Is their heart rate above 100?

Is their blood pressure below 100?

And does the resident just not look right? Tell the nurse, screen for sepsis and notify the physician immediately.

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**WHEN DO YOU CLEAN YOUR HANDS?**

- Always before touching a resident/patient or their immediate environment.
- Before and immediately after removing gloves.
- After touching bed rails, bedside tables, remote controls or a phone (alcohol-based hand sanitizer is acceptable).
- Before performing an aseptic task (e.g., placing an indwelling device), handling invasive medical devices or after contact with blood, body fluids or contaminated surfaces.
- Before touching your eyes, nose or mouth (alcohol-based hand sanitizer is acceptable).
- Before and after changing bandages.
- After blowing your nose, coughing, sneezing or using the restroom (use soap and water).
- Before consuming food (use soap and water).

**HAND HYGIENE**

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**Sepsis Pocket Card**

Review the [Act Fast! Early Detection of Sepsis Requires Fast Action](#) fact sheet on early detection and [Sepsis Pocket Card](#) with your staff and then post where staff can see and reference them.

# Wednesday

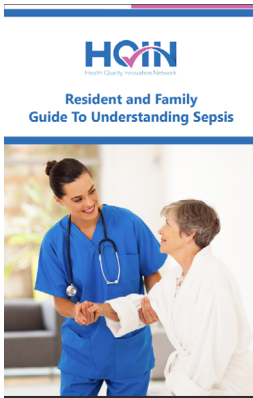
Common infections can lead to sepsis. If you are discharging a resident to their home, establish a process to provide education on sepsis by providing the [Sepsis Stoplight Tool](#) at discharge for residents who have had sepsis or may be at risk of sepsis.

Also, **share the tool** with residents and their families to help them identify what to do if they recognize any signs of sepsis.

**Sepsis Stoplight Tool**  
Common infections can lead to sepsis, which can be deadly. If you may have sepsis, act NOW!

	<b>Green Zone</b> No signs of infection.	<b>Yellow Zone</b> Take action today. Call your doctor or nurse.	<b>Red Zone</b> Take action now! Call us or see your doctor now!
<b>Do I have a fever?</b>	I have not had a fever in the past 24 hours and I am not taking medicine for a fever.	I have a fever between 102°F and 103.5°F.	I have a fever of 103.5°F or greater.
<b>Do I feel cold?</b>	I don't feel cold.	I feel cold and can't get warm. I'm shivering.	My temperature is below 98°F. My teeth are chattering. My skin or nails are pale.
<b>How is my energy?</b>	My energy level is as usual.	I'm too tired to do most of my usual activities.	I'm too weak to get out of bed.
<b>How is my thinking?</b>	My thinking is clear.	My thinking feels slow or not right.	My caregiver tells me I'm not making sense.
<b>Are there changes in how I feel after a hospitalization, procedure, infection or change in wound or IV site?</b>	<ul style="list-style-type: none"> <li>I feel well.</li> <li>I had pneumonia, urinary tract, infection (UTI) or another infection.</li> <li>I had a wound or IV site and it's healing.</li> </ul>	<ul style="list-style-type: none"> <li>I don't feel well.</li> <li>I have a bad cough.</li> <li>My wound or IV site looks different.</li> <li>I haven't urinated (peed) for 5 or more hours and/or my urine smells funny, is cloudy, dark or smelly.</li> </ul>	<ul style="list-style-type: none"> <li>I feel very sick.</li> <li>My wound or IV site is painful, red, smelly or has pus.</li> <li>I haven't urinated (peed) for 6 or more hours and/or my urine (pees) is very dark.</li> </ul>
<b>Do I need to call 911 or go to the Emergency Room?</b>	<ul style="list-style-type: none"> <li>I don't need to call 911 or my doctor.</li> <li>My heartbeat is as usual.</li> <li>My breathing is normal (for me).</li> <li>I have not had a fever in the past 24 hours.</li> </ul>	<ul style="list-style-type: none"> <li>I don't need to call 911 but I will call my doctor if:</li> <li>My heartbeat is faster than usual.</li> <li>My breathing is more difficult and faster than usual.</li> <li>My home blood pressure is 20 points (top number) lower than usual.</li> </ul>	<ul style="list-style-type: none"> <li>I will call 911 if:</li> <li>My heartbeat is very fast.</li> <li>My breathing is very fast.</li> <li>My home blood pressure is 40 points (top number) lower than usual.</li> <li>I have a fever of 103.5°F or greater.</li> <li>My skin or nails are blue.</li> </ul>

# Thursday



Educate residents and families on sepsis.

Education can be provided upon admission, with change of condition, discharge, during care plan meetings, and during resident and family council meetings.

**Use the [Resident and Family Guide to Understanding Sepsis](#) to frame your conversation and provide a copy for them.**

# Friday

Share with your staff the importance of hand hygiene to prevent the spread of infections: The Centers for Disease Control and Prevention (CDC) recommends using "ABHR with 60-95% alcohol in healthcare settings.

Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water."

Ask what is the process to replenish your hand sanitizer? Do you have adequate hand sanitizer throughout our facility?

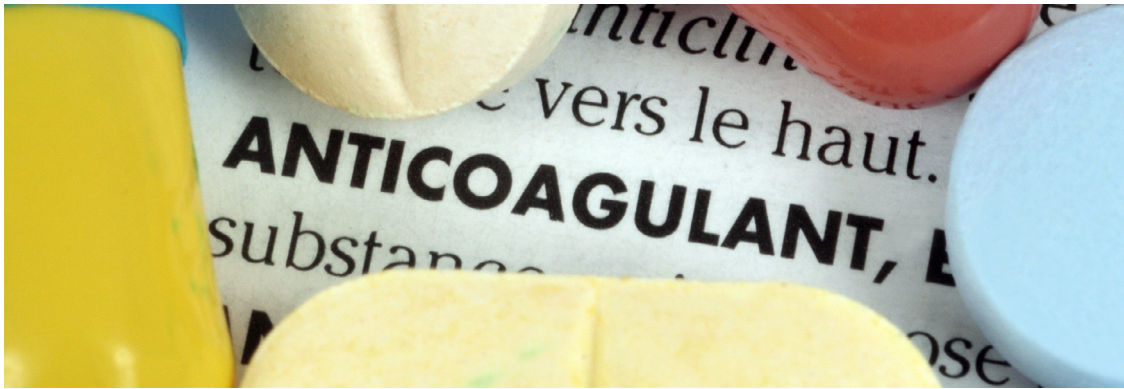
**Print and share the [Hand Hygiene Pocket Card](#) (shown here) with staff members.** Hand hygiene observation rounds are an excellent way to conduct hand hygiene audits.

**Assign a staff member to conduct hand hygiene audits over the weekend.**

Any staff member can conduct observation rounds (i.e. manager on duty, nursing supervisor) using the [Hand Hygiene Competency Validation – SPICE Tool](#).

WHEN DO YOU CLEAN YOUR HANDS?	
HAND HYGIENE	• Always before touching a resident/patient or their immediate environment.
	• Before and immediately after removing gloves.
	• After touching bed rails, bedside tables, remote controls or a phone (alcohol-based hand sanitizer is acceptable).
	• Before performing an aseptic task (e.g. placing an indwelling device), handling invasive medical devices or after contact with blood, body fluids or contaminated surfaces.
	• Before touching your eyes, nose or mouth (alcohol-based hand sanitizer is acceptable).
	• Before and after changing bandages.
	• After blowing your nose, coughing, sneezing or using the restroom (use soap and water).
	• Before consuming food (use soap and water).
	• After touching your eyes, nose or mouth (alcohol-based hand sanitizer is acceptable).
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## Week 4: Adverse Drug Events - Anticoagulants

### Monday

An adverse drug event (ADE) is harm that results from medication use. These events can be due to allergic reactions, side effects, overmedication and medication errors. Anticoagulant medications are necessary for the treatment of some conditions but are also a leading cause of ADEs resulting in ER visits or hospitalization.

**Review ADE risk factors and sign/symptoms on this [Anticoagulant Antithrombotic Tip Sheet](#).**

**Also, review the Centers for Disease Control and Prevention's (CDC) [Adverse Drug Events in Adults](#) for more safety information.**

#### Anticoagulant/Antithrombotic Tip Sheet for Frontline Nursing and CMT Staff

##### Risk Factors

These increase the potential for ADEs. Multiple factors increase risk.

- **Bleeding**
  - Anticoagulant, antiplatelet or thrombolytic medication use
  - Concurrent use of more than one ant thrombotic medication (e.g., use of aspirin while on anticoagulants)
  - History of stroke or GI bleed
  - NSAID medication use while on anticoagulants
  - Antibiotic use while on anticoagulants
  - Amiodarone use while on anticoagulants
  - Dietary changes affecting vitamin K intake (e.g., dark leafy greens)
- **Thromboembolism**
  - Anticoagulant medication use
  - Prolonged immobility
  - Recent major surgery
  - Prior history of venous thromboembolic events
  - Consistently subtherapeutic PT/INR

##### Signs & Symptoms

Any of these may indicate an ADE may have occurred.

- **Bleeding**
  - Elevated PT/INR, PTT
  - Low platelet count
  - Bruising
  - Nosebleeds
  - Bleeding gums
  - Prolonged bleeding from wound, IV or surgical sites
  - Blood in urine, feces or vomit
  - Coughing up blood
  - Abrupt onset hypotension



### Tuesday

How do you know who is at risk for ADEs related to anticoagulants? Are new orders or changes to orders for anticoagulant medication use included in hand-off reports? Are abnormal lab results included in hand-off reports? Do the staff providing care review resident care plans related to risks due to anticoagulant medication use?

**Consider reviewing new resident admissions anticoagulant medications and potential or observed side effects at stand-up meetings.**





## Wednesday

Are residents and families educated about anticoagulant use?

Knowledge of risk factors, signs and symptoms of ADEs, and the best ways to stay safe can prevent ADEs and assist with early identification.



**Review your policy for medication education.** [Blood Thinner Pills: Your Guide to Using Them Safely](#) provides resources for educating residents and families.

## Thursday



Assessment and monitoring play a big part in preventing and identifying ADEs. Residents should be assessed regularly for bruising, bleeding, fall risk and new pain. Lab work must also be ordered, completed and reordered regularly.

**Discuss the methods your facility uses to ensure assessment and monitoring.**

Does the physician or pharmacist use standardized protocols to monitor and adjust medication doses? Are dosages adjusted with weight loss or gain? Are medications reviewed for interactions when new medications are ordered?

## Friday

Evaluating your facility's anticoagulant program can assist you with identifying and addressing opportunities for improvement.

This [Anticoagulant Adverse Drug Events Self-Assessment](#) provides a checklist for anticoagulant programs.

**Discuss the questions as a team and use the Plan-Do-Study-Act Worksheet to work toward improvements.**

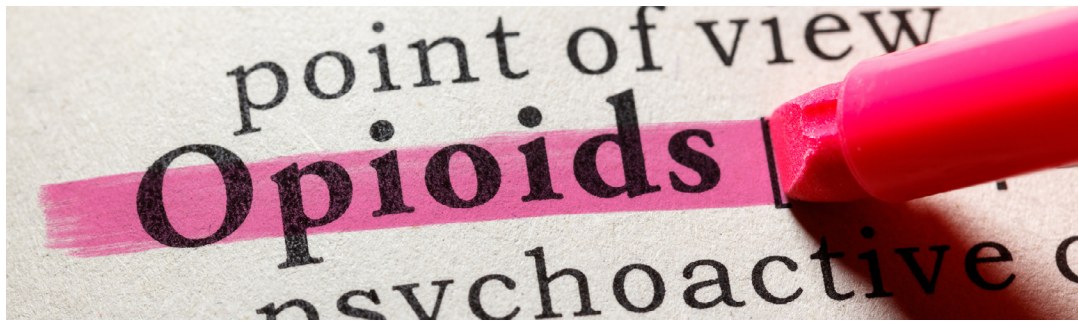
### Anticoagulant Adverse Drug Events Self-Assessment

Complete each field below to assess your organization's commitment to preventing anticoagulant ADEs. Download the [Plan-Do-Study-Act Worksheet](#) to assist in your improvement efforts.

What are your program strengths?			
What areas need improvement?			
Are you willing to commit to implementing or reviewing your existing huddle process with direct care staff?			
Question (Check "Yes" and/or "No" based on degree of improvement)	Y	NI	Comments
Does the medical record include documentation of clinical indication?			
Is there a system to ensure lab results, including PT/INRs, are routinely monitored and appropriately communicated to the physician, including when subtherapeutic and panic values are obtained?			
Is there a system to alert prescribers and nursing staff when anticoagulants are combined with other drugs that increase risk of bleeding?			
When instability in PT/INRs are found, is there a system to include review of dietary intake for foods that may interact with anticoagulants?			
Are caregivers educated on risk factors and signs/symptoms that may be indicative of excessive bleeding and thromboembolism?			
Are residents/families educated regarding the risks associated with anticoagulant use and the signs and symptoms of excessive bleeding?			

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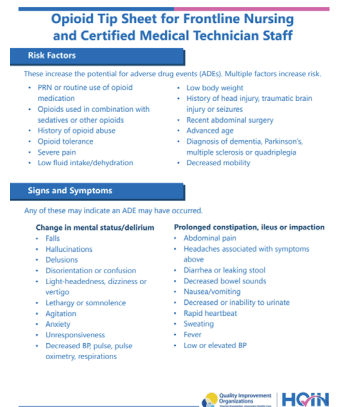


## Week 5: Adverse Drug Events - Opioids

### Monday

Adverse drug events are commonly experienced by people taking opioids as well as anticoagulants. Like anticoagulants, you will want to ensure staff caring for residents know which residents are at risk and what risk factors and sign/symptoms of adverse events may be.

**Discuss opioid risk factors, adverse event signs/symptoms and interventions using the [Opioid Tip Sheet for Frontline Nursing and CMT Staff](#).**



### Tuesday



Using non-medication pain relief methods can decrease the need for opioids. **Communicating with residents and families** will help find the most effective pain relief methods for each patient. Sometimes facilities use methods like applying heat/cold, massage, ultrasound, or stretching exercises to help ease pain.

**Remember to evaluate things like positioning, bed choice and seating choice when you are working to reduce pain.**

What interventions does your facility use regularly? Can you think of non-medication pain relief methods your facility does not use that may be helpful?

# Wednesday

Are residents and families educated about opioid use?

Knowledge of risk factors, signs and symptoms of adverse drug events, and the best ways to stay safe can prevent them and assist with early identification.

**Review your policy for medication education and explore [Opioid Resources for Patients and Caregivers](#).**

## Opioid Resources for Patients and Caregivers

Opioids can be prescribed to treat pain. But they can have serious side effects and risks. In the U.S., 41 people die every day from an opioid overdose. Visit the following websites to learn about medication safety and how you can help prevent drug misuse.

- [What is Narcan? Read Story!](#)
- [Remember to Prevent: Safety Tips for People Who Use or Inject Drugs](#)
- [Eight Opioid Safety Principles for Patients and Caregivers](#)
- [Basic Patient Counseling: Follow Points](#)
- [General Drug Safety Information](#)
- [The FDA's Curie Opioids: Ten Facts of the Substance](#)
- [How to Dispose of Unused Medicines](#)
- [Pain Zone Tool](#)
- [Prescription Opioids: What You Need to Know](#)
- [Opioid Resources for Patients and Families](#)
- [Mind Your Meds](#)
- [Mind Your Meds: Safe Opioid Medication Use and Disposal Program only](#)
- [Opioid Chemistries Presentation](#)
- [Opioid Information Card](#)
- [FDA Drug Disposal Infographic](#)
- [Take Action to Prevent Addiction: Learn How to Reduce Risk](#)



# Thursday

Opioids can be useful for controlling pain, but it is important to remember they carry a high risk for adverse events.

**Review the [Opioid Adverse Drug Events Self-Assessment](#) with your team.**

### Opioid Adverse Drug Events Self-Assessment

Complete each field below to assess your organization's commitment to preventing opioid ADEs. Download the [Plan-Do-Study-Act Worksheet](#) to assist in your improvement efforts.

What areas need improvement?

Are you willing to commit to implementing or reviewing your existing huddle process with direct care staff?

Questions (Check the "Y" and/or "NI" boxes) to designate "Yes" or "No" responses	Y	NI	Comments
Is there an assessment and determination of pain etiology?			
Does the resident's pain management regime address the underlying etiology?			
For a change in mental status, is there evidence that a physician conducted an evaluation of the underlying cause, including medications?			
Is there a system for ensuring that residents are routinely assessed for pain, including monitoring for effectiveness or pain relief and side effects of medication (e.g., over-sedation, constipation)?			
If receiving PRN and routinely, is there consideration for the timing of administration of the PRN?			
Can staff describe signs/symptoms of over sedation?			
Is there a system for ensuring "hand off" communication that includes the resident's pain status and time of last dose?			
Do the resident, family, and direct caregivers know signs and symptoms of over-sedation and steps to take if noted (e.g., alert the nurse)?			

### PDSA Worksheet

Achieving your goal will require multiple small tests of change to reach an efficient process and the desired results

3 Fundamental Questions for Improvement

1. What are we trying to accomplish (AIM)?
2. How will we know that a change is an improvement (MEASURE)?
3. What changes can we make that will lead to improvement (CHANGE)?

PLAN

What is your first (or next) test of change?	Test population?	Due Date
List the tasks needed to set up test of change:	Who is responsible	Due Date
Predict what will happen when test is carried out:	Measure to determine whether prediction succeeds:	

**Use the [Plan-Do-Study-Act Worksheet](#) to work toward improvements.**

# Friday

Narcan (Naloxone) is a medication used to reverse the effects of opioids. It is often discussed for treatment of overdose with illicit drugs but is often needed for people who are prescribed opioids. Every nursing home should have a policy for Narcan use.

**Review your facility's policy with staff. Can staff identify where Narcan is kept and when it should be given? Post the [Opioid Information Card](#) to educate residents and caregivers.**

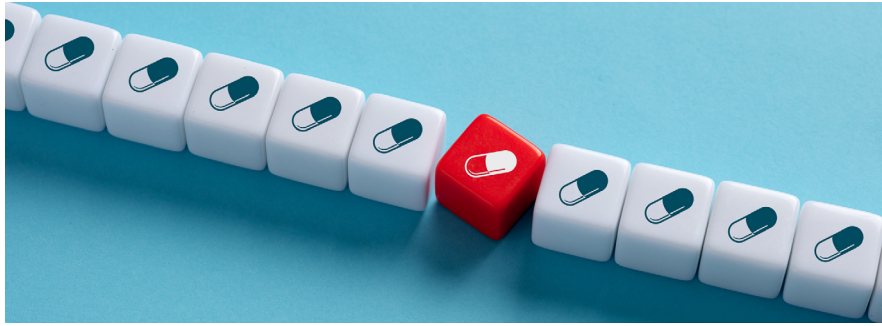
## Prescribed opioids? Get informed.



Opioids are used to treat pain, but also have serious side effects.

- Commonly prescribed opioid medications include:
- Oxycodone
  - Hydrocodone
  - Hydromorphone
  - Hydrocodone
  - Fentanyl
  - Codeine
  - Methadone
  - and more...





## Week 6: Medication Reconciliation

### Monday

If a resident's medication orders reflect the wrong medication, the wrong dose, the wrong time, or the wrong route, adverse drug events are likely. We prevent this by reconciling their medications on admission and with any changes. **Review which staff reconciles medication on admission. Discuss with the team the policy for admission medication reconciliation.**

How many times are admission orders reviewed?  
Is the contacted pharmacy made aware when orders are for a new admission?

How are diagnoses, indications and allergies identified?  
Are medications reviewed with the previous facility during report?  
**Review the [Interact Medication Reconciliation Worksheet](#).** How does this compare to the facility's medication reconciliation processes?

#### Medication Reconciliation Worksheet for Post-Hospital Care



##### Part 1: Hospital Recommended Medications Needing Clarification

Medications Recommended by Hospital or Pharmacy for which Clarification is Needed	Clarification Needed?	Recommendation for Final Medication Orders (Remove this Column)

\*Residents under diagnosis or admission, admission date, date of administration, use date, follow-up, or both needed for medication reconciliation. See Affected Patient Safety Notification, Medication Application.

##### Part 2: Medications Prior to Hospitalization Needing Clarification

Medications Taken Before Hospitalization (Not Carried on Hospital Recommended List)	Identified as a Source of Medication Discrepancies and Action Plan (Remove this Column)	Recommendation for Final Medication Orders (Remove this Column)

Resident/Patient Name \_\_\_\_\_ Date \_\_\_\_\_

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### Tuesday

After admission, every nurse that gives medication is responsible for giving medication correctly. Along with the Five Rights of medication administration (**right patient, right drug, right dose, right route, right time**), nurses will need to be aware of the indications for medications, any needed lab work or monitoring and possible adverse reactions.

Discuss the systems in place at your facility to ensure medications are given properly. Review the [Five Rights](#) with staff.

#### **Five Rights:**

1. Right Patient
2. Right Drug
3. Right Dose
4. Right Route
5. Right Time



## Wednesday

Doctors, nurse practitioners and pharmacists should be involved in medication reconciliation.

### Ask your team these questions:

1. When is this review triggered in your facility?
2. If there has been a behavior change, is medication reviewed for possible side effects?
3. Who can you reach out to internally and at the contracted pharmacy if you are unsure if orders or administration are appropriate or with any other questions?

Remember you have medication experts on your team.



## Thursday

Medication reconciliation should not stop at admission. Changes in condition or changes in locations should trigger a medication review.

Are physicians or pharmacists notified when a resident's condition changes? Are they notified when a resident becomes more or less compliant with medication or diet?

These changes could result in the need for closer monitoring or medication changes.



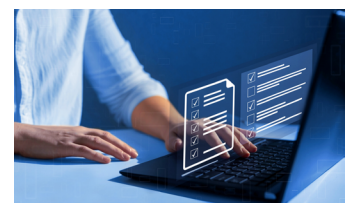
Residents with over eight scheduled medications are at higher risk for drug-to-drug interactions.

**Do you have a process to handle those higher risks?**

## Friday

Medication needs to be administered according to company policy. Using a computer system to assist with medication administration helps prevent medication errors. **Discuss the drawbacks staff see in using the computer system.**

Do you experience fatigue due to repeated drug interaction alerts? How can those drawbacks be eliminated? **Review some [lessons learned about implementing and using technology in a clinical setting.](#)**





## Week 7: Discharge Analysis

### Monday

Any time an emergency department (ED) visit, unplanned discharge or adverse event occurs, we can identify areas where improvement is possible.

- Do you have a process in place to review ED visits and unplanned discharges?
- Does an interdisciplinary team conduct these reviews?
- Are they done after each transfer or adverse event?

**Discuss current strategies for improvement.** If not already established, consider assembling an interdisciplinary team consisting of leadership, the medical director and direct care staff to review ED visits, unplanned discharges and adverse events.

Quality



### Tuesday

A resident may discharge unexpectedly for a number of different reasons. It might seem like there was nothing that would have prevented an ED visit or hospitalization but often processes could have identified a problem before it resulted in discharge. Facilities must have processes in place for early identification of changes in condition and to communicate those changes to ensure timely interventions.

Assess your facilities communication processes. Do you have a huddle meeting with frontline staff to share and discuss important information? If not, consider using the HQIN Huddle Toolkit to implement huddles at start of shift and end of shift, quality improvement huddles, new resident

huddles or “Everyone Stands Up Together” huddles where the daily standup meeting is conducted on the unit(s) with frontline staff.

Also, [INTERACT® \(Interventions to Reduce Acute Care Transfers\)](#)

offers communication tools at no cost including Stop and Watch Early Warning Tool, SBAR (Situation, Background, Appearance and Review and Notify) and the Medication Reconciliation Worksheet.

**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 admission	Falls
Change in mood, behavior or affect	Risk for injury/accident
Change in amount of care needed required	Weight change
Change in mobility (cane/walker, gait, endurance, etc.)	Urinary infection
Other	Acute medical change
	Other

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

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## Wednesday

Other adverse events should trigger the same evaluation as unplanned discharges. Reviewing adverse events helps to find opportunities for improvement that can prevent future ED visits or hospitalizations.

- When issues are identified or communicated, how are these issues reviewed?
- Are they reviewed at risk management meetings?



**Discuss how possible opportunities are communicated to the risk management team. Use the EMR to help identify factors like changes in condition, falls, medication errors, etc. to include in risk management meetings.**

## Thursday

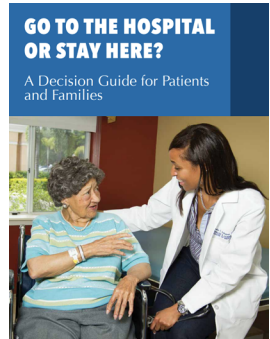
Residents and families play an important role in preventing ED visits and hospitalizations. Care planning and advanced care planning should be discussed with patients and families regularly.

**Review CMS' [Go to the Hospital or Stay Here Decision Guide](#) for patients and families. Make use of the resource to assist patients and families to plan for future care.**

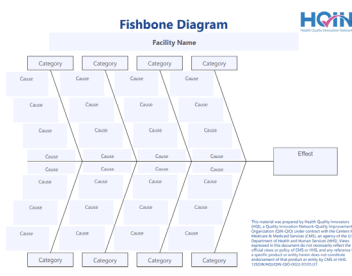
[INTERACT® \(Interventions to Reduce Acute Care Transfers\)](#) also offers care planning tools

at no cost including the [Advance Care Planning Communication Guide](#) and [Identifying Residents who may be Appropriate for Hospice or Palliative/ Comfort Care Order](#).

**Choose your favorite resources as a team and make sure they are available to assist with care planning.**



## Friday



Sometimes the root cause of an adverse event is not immediately clear. Root cause analysis can help uncover the cause, and a [fishbone](#)

[diagram](#) can assist with finding it. Fill out the problem (adverse event) at the head of the fish. As you brainstorm possible causes, group them into categories. Use these categories to identify areas where improvement would be beneficial.

When you have identified a problem and root cause, you will want to implement quality

improvement interventions. Making changes to systems and procedures is sometimes necessary, but interventions that are not sustainable are unlikely to be effective.

**Consider the problems and root causes you have noted this week.** Use the [QAPI Sustainability Decision Guide](#) to assist with choosing effective interventions.

[INTERACT® Version 4.5 Tools For SNFs/ Nursing Homes](#) also offers quality improvement resources including an Acute Care Transfer Log, Calculating Hospitalization Rates, Hospitalization Rate Tracking Tool, Quality Improvement Tool for Review of Acute Care Transfers and Quality Improvement Summary Worksheet.



## Week 8: Falls

### Monday

Today is a great day for a discussion on Falls! Talk about environmental hazards that may contribute to a resident falling.

How many can your staff name (wet floors, poor lighting, incorrect bed height, improperly fitting wheelchair, poor shoes, or resident needs such as the need to use bathroom, items not in reach, call bell not in reach)?

If you notice any of these hazards, correct or report immediately! Involve physical therapy, occupational therapy and your pharmacy consultant in the fall prevention program.

Print the [Environmental Safety](#) resource and review with your team, then post

#### Did you know...?

According to the CDC, environmental hazards in nursing homes cause **16% to 27%** of falls among residents.

Such hazards include *wet floors, poor lighting, incorrect bed height and improperly fitted or maintained wheelchairs.*

#### Environmental Safety and Fall Prevention

1. Remove all clutter, unused items and equipment
2. Keep bed at correct height
  - When raised on the edge of the bed, the resident's feet should be flat on the floor and their legs should be slightly higher than their knee unless otherwise indicated.
3. Use transfer belts when assisting residents to stand, transfer and ambulate.
4. Ensure adequate lighting
  - REMEMBER: Older adults need 2-3 times the amount of light to see.
5. Place personal items within easy reach
6. Ensure resident wears glasses when needed
  - REMEMBER: Many residents have impaired vision due to glaucoma, macular degeneration and cataracts.
7. Clear a path 2-3 feet wide from the bed to the bathroom
8. Ensure bathroom safety with handrail support and a raised toilet seat when indicated
9. Ensure resident is wearing well-fitted, non-slip shoes
10. Maintain wheelchair safety through regular inspection and repair
11. Involve PT and OT to assess transfer, mobility and wheelchair seating and implement modifications
12. Use prescribed lifting device
13. Use resident protective gear when indicated

#### Simple Strategies for Fall Management



it for other staff members to have for reference. Create a Falls bulletin board to display educational resources to reduce falls for your team.

### Tuesday

#### Think about it!

How many times have you seen a resident:

- Try to stand, transfer or walk alone unsafely?
- Try to get out of bed alone?
- Walk or pace when too tired to be safe?
- Poorly positioned in either their bed or wheelchair?

#### Falls Prevention

Many falls occur when residents attempt to move about without assistance. Knowing your resident, purposeful rounding and anticipating their needs are simple strategies to prevent falls.

1. Rounding with the 4 P's
  - Check for Pain, location of Personal Items, need for toileting (Potty), and resident's Position.
  - Review the 4 P's of Purposeful Rounding: <https://bit.ly/PurposefulRounding>
2. Check in by ALL staff and volunteers
  - Each time upon entering the room, conduct a visual safety check of the environment and check in with the resident for current needs. This includes maintenance staff, housekeeping staff, aides, volunteers and administration. Ask for help from nursing staff when needed.
3. Consistent Staff Assignment
  - Know the resident so that their needs can be anticipated.
  - Understand personal history, personal preferences and behavioral patterns.
4. Regular Toileting
  - Know the resident's voiding pattern and schedule regular toileting.

#### Simple Strategies for Fall Management



How many times have you seen a resident try to stand, transfer or walk unassisted? It takes a team, working together, to reduce falls.

If you see a resident that looks unsafe, let someone know. Purposeful rounding can be conducted by anyone (housekeeping, dietary, maintenance, nursing, social services, activities and volunteers) who is "walking" in the facility. It does not have to be a nurse. Everyone in the department should be aware of residents and help keep them safe!

Print the [Falls Prevention](#) resource and share with team members, then post it for others to reference.



# Wednesday

You talked about purposeful rounding yesterday. **Today, print and post the following resource on [The 4 P's of Reducing the Risk of Falls](#) and discuss them in depth with your staff.**

**Also, download these [4 P's Cards](#) that can be cut out and shared with staff.**

What are the 4 P's to reduce fall risk? Pain. Potty. Positioning. Possessions. Implementing purposeful rounding for all staff can significantly reduce fall risk.

**The 4 P's of Reducing the Risk of Falls**  
 Prepared by Mary F. Oates, MS, RN, C-DE, CHES, Medicare Consulting, LLC | HQIN

To help reduce the number of falls in our facility, we want to implement **Purposeful Rounding** for all staff. This poster can be used for all residents; however, we want to focus on all new admissions to our facility and our residents at high risk for falls.

**The 4 P's are to be addressed by anyone who enters a resident room for any reason:**

(P) Pain (P) Position (P) Potty (P) Possessions

**Upon entering the room, you should:**

**Introduce yourself!**  
 For Example: "Mrs. Smith, my name is Sarah, and I will be your nurse, housekeeper, etc. today. I am here to clean your room, give you your medication, etc."

www.hqin.org | 877.731.4746

# Thursday

It is time to talk about engagement and sleep hygiene. Improving mobility, psychosocial well-being and sleep hygiene has been shown to reduce fall risk.

**Print and post [Simple Strategies to Prevent Falls: Engagement and Sleep Hygiene](#) for your team.**

**Discuss ways your team can improve sleep for your residents.**

**Did you know...?**

Residents living with depression and/or dementia are likely to experience worse physical, mental and psychosocial well-being, creating a greater risk of adverse events, including falls.

**Engagement and Sleep Hygiene**

- Improving mobility, psychosocial well-being and sleep hygiene has been shown to reduce the risk of falls.
- Engage residents in their preferred lifestyle and activities on a regular basis.
- Encourage and involve residents in self care and activities of daily living.
- Offer activities in which the resident can succeed.
- Include a range of resident and visitor activities.
- Offer volunteer work.
- Engage individuals in conversations from some of their favorite discussion topics.
- Offer access to gerontological activities such as cards, games, large print books, puzzles, etc.
- Bring residents to class/meetings for group exercise, music, bingo and other activities.
- Use iPads or other electronic devices, facetime and other methods to engage residents in activities with families and others.
- Know the resident's bedtime and establish a consistent bedtime routine.
- Reduce noise at night.
- Assist residents to use technology devices to night music.
- Reduce excessive fluids at night.
- Provide snacks as needed.
- Offer evening, non-sedating soothing evening activities.

**Simple Strategies for Fall Management**

HQIN

# Friday

1. Who is tracking falls in your facility and are they including it as part of QAPI? Let the team know.
2. Is there a system of sharing information on falls and letting all members of the team know the facility's fall data?
3. Was your team able to create a falls bulletin board?

Designate a "falls champion" today and continue to find great information on fall reduction to share with your team. Charts and graphs can be great to share! Download

POST FALL EVALUATION COMPONENTS FROM AMDA CLINICAL PRACTICE GUIDELINES		
Risk Category	Fall Risk	Post-Fall Evaluation
Fall History	Review history of falls	Review history of recent or recurrent falls and the circumstances of those falls
Medications	<ul style="list-style-type: none"> <li>Review record for medications that could predispose to falls.</li> <li>Antibiotics</li> <li>Anticholinergics</li> <li>Antidepressants (tricyclic, selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors)</li> <li>Antidiabetic agents</li> <li>Antiepileptics</li> <li>Antihypertensives</li> <li>Antiparkinsonian agents</li> <li>Antipsychotic medications (typical and atypical)</li> <li>Benzodiazepines (short and long acting)</li> <li>Cholinesterase inhibitors</li> <li>Diuretics</li> <li>Opioid analgesics</li> <li>Sedative hypnotics</li> <li>Urinary antispasmodic agents</li> <li>Vasodilators</li> </ul>	<ul style="list-style-type: none"> <li>Review record for medications or combinations of medications that could predispose to falls</li> <li>Stop or reduce the dosage of as many of those medications as possible</li> <li>Review record for recent changes in the medication regimen that may have increased fall risk</li> </ul>

the Health Quality Innovation Network (HQIN) [Nursing Home Falls Tracking Tool](#) and implement it into your team processes.



# Week 9: Purposeful Conversations

## Monday

Having purposeful conversations with residents and family members is a best practice and can strengthen admission and care planning processes, increase resident and family participation in care, and reduce avoidable transfers back to the hospital.

**Purposeful conversation** refers to intentional and meaningful communication that serves

specific objectives or goals. It goes beyond casual chitchat and aims to achieve specific outcomes.

**Print and discuss with the team the following resource, [Go to the Hospital or Stay Here](#).** Social services staff or nurses can use this decision guide to facilitate clear and informative conversations of a resident's choice to "Go to the Hospital or Stay Here."

### GO TO THE HOSPITAL OR STAY HERE?

A Decision Guide for Patients and Families



## Tuesday

End of Life Purposeful Conversations – What are the Residents' Wishes?

Do all of your residents have a documented advanced directive? **Review which residents are a full code, and which are a Do Not Resuscitate (DNR). Discuss how staff know which residents are DNR and what the current process is to communicate this to all staff.**

**Print and discuss [Education on CPR for Residents/Patients and their Representatives](#) with the clinical team to guide conversations when providing education for residents and their family.**

#### Education on CPR for Residents/Patients and their Representatives



**The Problem**  
Many health problems are so serious that they cause your heart to stop beating. This is called cardiac arrest. When this happens, you also stop breathing. The heart pumps blood to all organs in your body to give them oxygen. When your heart stops beating, your body and brain do not get enough oxygen for you to live.

**Treatment**  
There is only one treatment when your heart stops beating. That treatment is cardio-pulmonary resuscitation or CPR. CPR is done to try to restart the heartbeat and breathing. It is the only treatment that could save your life when your heart stops beating.

CPR involves rapidly pushing on your chest, and placement of a tube through the mouth into the lungs to directly help you breathe. Sometimes electric shocks are given using a device called a defibrillator. Once started, CPR is continued until your heart restarts or it is clear beyond a doubt that your heart cannot be restarted.

CPR can be started in the SNF/NP, but as soon as possible, you will be transferred to the hospital, often an intensive care unit, for additional treatment and monitoring.



**Your Choice**  
CPR is a choice – it is not a treatment that everyone must have. Some people believe that when their time comes or their heart or breathing stops, nothing more should be done to keep them alive. Other people want everything done to keep them alive. Neither of these choices is right or wrong. It is your choice.

You should understand, however, that if you choose not to have CPR, your choice will not affect any other aspect of your care. All of your other treatments and care will continue. The only thing that will change is that if you are found without a pulse or heartbeat (in cardiac arrest) CPR will not be done.



#### Advance Care Planning Tracking Form



**Resident/Patient Name**  
Residents/Patients and/or their responsible health care decision makers should be provided the opportunity to discuss advance care planning with appropriate staff members and medical providers within the first few days of admission to the facility, at times of change in condition, and periodically for routine updating of care plans. The purpose of this tool is to document these discussions. (Several other INTERACT Advance Care Planning Tools may be helpful in ADP discussions)

**This documentation is to**

Create a new Advance Care Plan  Review existing Advance Care Plan

**Reason for this discussion/visit**

Admission  Change in condition alert  Resident or Resident representative Request  Other

**The discussion was held with**

Resident/Patient  Resident's representative Name: \_\_\_\_\_

**Was an Advance Care Plan created or change made, as a result of this discussion?**

No  Resident/Patient declined conversation  Resident/Resident representative not available at this time

Yes  Resident representative declined conversation

**Describe the Key Aspects of the discussion**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Advance Directive Documentation to Place**  
(Any change in Advance Directives needs an order signed by the physician per your state requirements)

Out of the facility

Full Code  DNR  Doable Power of Attorney  No Artificial Feeding  Other Care Limiting Orders

Limited Care/Palliative Care Plan  DNR  Long Will  POLST/MOLST/POST

**Review Documents/Directives in the resident on**

Limited Care/Palliative Care Plan  Advance Directive Orders

**Staff or healthcare provider leading discussion:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of discussion: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Advanced directives should be reviewed upon admission, quarterly, and if a change in condition would warrant it. Use this [Advance Care Planning Tracking Form](#) to assist with tracking these reviews.**

# Wednesday

It is often helpful to involve the physician or healthcare provider, in addition to the resident and their family in purposeful conversations during care plan meetings.

**condition.** Consider inviting the physician or nurse practitioner to participate in a care plan meeting to participate in difficult conversations.



You may want to have an ad hoc care plan meeting if a decline in condition is noted. **Discuss with the team the importance of being proactive with change in**

**Print and discuss [A Patient's Guide to Serious Illness Conversations](#) from the Institute for Healthcare Improvement to guide these conversations.**

## What Matters to Me

A Workbook for People with Serious Illness

NAME   
DATE

ARADNE LABS the conversation project

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# Thursday

Advanced care planning for vaccinations is a best practice. The [Planning for COVID-19 Care Conversation Tool](#) can assist with having purposeful conversations centered around vaccinations upon admission and at quarterly care plan meetings.

**Print and share the same resource with the admissions and clinical care plan team and discuss how it can be incorporated into current practice.**

**Planning for COVID-19 Care Conversation Tool**

This tool can be used to assist in developing a resident plan of care. Complete with facilitators, using the question prompts to guide your conversation with the resident.

**Resident name:**  **Date:**  Click or tap here to enter text.

**Resident with:**  Click or tap here to enter text.

**Responsible party (if other than resident):**  Click or tap here to enter text.

**Start the Conversation**

**Required dialogue:** Even though COVID-19 isn't well known to all, there are things we can do to prevent ourselves and others. When lots of people like us get together in one place, germs can spread from person to person. But the good news is that there are things we can do to keep ourselves and each other safe and healthy. Today I'd like to talk to you about the kind of care you would want if you were to get sick. Is there if I ask you some questions about that? There are no wrong answers.

**After resident agrees to discussion:** Everyone who lives in a care facility is at risk for COVID-19. There are signs and symptoms that can tell us the best about how you would like to be treated. The sooner we can treat someone, the better. And hopefully, the sicker it will be.

**Discuss treatment goals:** This can be to make sure you are doing things that help you meet your goals. In we want to start by asking you to know what your goals are. Some people want to do things to prevent COVID or reduce symptoms. Some people want to focus on things that will make them comfortable. What are the most important things for you when we talk about COVID treatment?

**Resident response:**  Click or tap here to enter text.

**Vaccinations (Complete vaccine history fields prior to conversation)**

**Suggested dialogue:** Vaccines are one way to help keep us healthy because they can help lower our chance of getting sick. So I'd like to first discuss your vaccine history. In the last 12 months, did you have the vaccination you need for COVID-19? (You can also ask if you are due for this vaccination, or if you have any questions about the ones you are due for.) Can we schedule a date for you to get those?

**Updated COVID-19 vaccination received on:**  Click or tap here to enter a date.

**Resident has:**  Received the updated COVID-19 vaccine  Not received the updated COVID-19 vaccine

**Influenza vaccination received on:**  Click or tap here to enter a date.

**Pneumonia vaccination received on:**  Click or tap here to enter a date.

**Shingles/Herpes vaccination received on:**  Click or tap here to enter a date.

# Friday

Disease process education for residents and families is important. It may be appropriate to conduct purposeful conversations regarding palliative care and/or hospice care during these conversations.

**Print and share [Identifying Residents Who May be Appropriate for Hospice or Palliative/Comfort Care Orders](#) to identify residents who may be appropriate for this type of care.**

**Identifying Residents who may be Appropriate for Hospice or Palliative/Comfort Care Orders**

**I. Residents with Selected Diagnoses who may be Appropriate for Hospice**

**Complicated Heart Failure**

- Symptoms of CHF or end-stage New York Heart Association class IV
- Diagnosis of heart failure (CHF) or congestive heart failure (CHF) through two or more clinical visits
- Residence in long-term care facility

**Chronic Obstructive Pulmonary Disease**

- Can no longer tolerate heart failure associated with COPD
- Residence in long-term care facility
- New dependence on two or more of daily living ADLs due to COPD symptoms
- Chronic hypercapnic hypoxia (SpO2 < 90%)

**Dementia**

- Dependence on all ADLs, language limited to just a few words, and inability to ambulate
- Aspirin hospitalization (regardless of prescription or non-prescription)
- Difficulty swallowing with recurrent aspiration
- Not handling tubes due to dementia or swallowing difficulty related to dementia

**Cancer**

- Poor physical performance status as a result of cancer (dependence in multiple ADL)
- Metastatic cancer
- Metastatic cancer involving liver or brain
- Recurrent metastatic disease
- Painful diffuse bone metastases

**II. Residents at High Risk of Actively Dying who Should be Considered for Palliative or Comfort Care Orders (if their already hospitalized)**

- Frequent Emergency Room visits and/or hospitalizations over the last 12 months
- Subtle major decline in functional status with no identified reversible cause
- Recent diagnosis of metastatic cancer with disease quickly spreading (e.g. leukemia, multiple myeloma)
- Some comorbid or comorbid state with no identified reversible cause
- Inability or unwillingness to follow care plan
- Minimal oral intake (or receiving continuous or intermittent IV hydration)
- Worsening of symptoms related to general decline or metastatic progression

**Also, print and share [Myths about Palliative and Hospice Care Infographic](#) with your social service and clinical team to guide conversations regarding certain myths about palliative care and hospice.**

**Myths About Palliative and Hospice Care**

Palliative care	Hospice care
<p><b>Specialized medical care for people living with a serious illness.</b></p>	<p><b>Focuses on the care, comfort, and quality of life of a person with a serious illness who is approaching the end of life.</b></p>
<p><b>Myth:</b> When I begin palliative care, I can no longer receive treatment for my disease.</p> <p><b>Fact:</b> Palliative care can be provided along with curative treatment.</p>	<p><b>Myth:</b> In hospice care, I can't receive any treatments.</p> <p><b>Fact:</b> People may receive medications to help manage symptoms but not treatments to help cure their illness.</p>
<p><b>Myth:</b> I can no longer see my primary doctor when I start palliative care.</p> <p><b>Fact:</b> Palliative care teams work with primary doctors.</p>	<p><b>Myth:</b> Hospice care is only provided in a hospital or hospice facility.</p> <p><b>Fact:</b> It can be provided at home, in a hospital or nursing home, or in a separate hospice center.</p>

Learn more about palliative and hospice care at: [www.nih.nia.gov/palliative-hospice-care](http://www.nih.nia.gov/palliative-hospice-care).

