

**WHAT YOU DO MATTERS:**  
**APPLYING LESSONS LEARNED**  
**FROM THE PANDEMIC TO**  
**ORGANIZATIONAL SYSTEMS**

SESSION 3 | JUNE 20, 2022  
PART 3 OF A THREE-PART SERIES

**PRESENTERS:**

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**B&F CONSULTING**

# IMPORTANT – CEU INFORMATION



**TODAY'S WEBINAR HAS BEEN APPROVED FOR CEU HOUR(S)**

## **IN ORDER FOR MO LNHAS TO GET CREDIT:**

- **It is REQUIRED that you complete a brief survey/evaluation**  
Link to the survey - [www.surveymonkey.com/r/QIPMOStaffingWorkshop2](http://www.surveymonkey.com/r/QIPMOStaffingWorkshop2).  
You'll also receive an email from [musonqipmo@missouri.edu](mailto:musonqipmo@missouri.edu) with the link to a SurveyMonkey survey.
- **It is REQUIRED that you answer the question asking for your LNHA number.**

*\*The amount of your credit will be adjusted based on time spent on the webinar.*



# TODAY

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- Reinforce key points from Session 1 and 2
- Focus on the organizational systems that produced excellent outcomes
- What you do matters: Leaders put evidence-base systems in place that lead to success



# THE MISSOURI EXEMPLARS

- Interviewed the leaders of the 10 SNFs and ALFs
- These homes faced the same pandemic challenges as everyone else yet had better COVID related and staffing outcomes
- Decisions and practices, as well as about their leadership, communication systems, staff stability, and corporate support
- We focused on what they did that might be replicated

# THE EXEMPLARS IN MISSOURI!

*We wish to acknowledge those homes that participated in this study and showed exemplary performance with staffing during the pandemic years of 2020-2021.*

- E.W. Thompson Health & Rehabilitation Center - Kristen West, Amanda Harris, Sara Miesner*
- Heritage Nursing Center - Skilled Nursing By Americare - Michelle Tolbert, Lisa Tucker*
- Independence Care Center of Perry County - Dana Korando, Casey Ellis*
- Luther Manor Retirement & Nursing Center - Tim Brooks, Heather Lohmeyer*
- NHC Healthcare, St Charles - Seth Peimann, Denise Benson, Daphne Bollinger*
- Parkview Health Care Facility - Tim Francka*
- Shelbina Villa - Kim Thompson, Ashley Arnett, Muriah Schuman*
- Spring Ridge - Assisted Living By Americare - Christina Bloomer*
- Springfield Rehab & Health Care Center - Troy Lacey*
- Villages of St. Peters Memory Care - Debra Tappe, Carolyn Reagan*

# *WHAT THEY DID MATTERED!*

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## **ACROSS A BROAD BASE OF METRICS, THESE FACILITIES IN MISSOURI STOOD OUT... WHY?**

- Did they have advantages or resources that other facilities didn't?
- Was it the physical structure and layout of their facility?
- Did it have to do with the acuity or age of the residents?
- Were they just lucky?



Leadership:  
what they did  
*mattered* to  
keep people  
safe and to  
maintain staff  
stability

**SUMMARY OF THE FIRST TWO  
WEBINARS**

**COVID AND THE LABOR  
LANDSCAPE**



**Effective treatment for residents with mild to moderate COVID-19 is available and should be offered to all high-risk patients if they meet criteria for treatment**



**We are not in a state of scarcity, all residents at high risk for disease progression with a COVID-19 positive test who are within the treatment window should be offered treatment**

**EFFECTIVE  
COVID  
TREATMENTS  
ARE HERE**

# Therapeutic Management of Non-hospitalized Patients With COVID-19

The NIH Panel's revised recommendations (5-31-2022).

➤ Preferred Therapies

*Listed in order of preference:*

- Ritonavir-boosted nirmatrelvir (Paxlovid)
- Remdesivir

➤ Alternative Therapies

*For use ONLY when neither of the preferred therapies are available, feasible to use, or clinically appropriate. Listed in alphabetical order:*

- Bebtelovimab
- Molnupiravir

# Know Your Treatment and Prevention Options for COVID-19

There are more treatment options available now for COVID-19. While most people do not need treatment, treatments can prevent hospitalization and death for persons who are high risk. **Talk to your healthcare provider** if you are at risk of serious illness and interested in preventive therapy OR if you are at high risk and test positive for COVID-19.



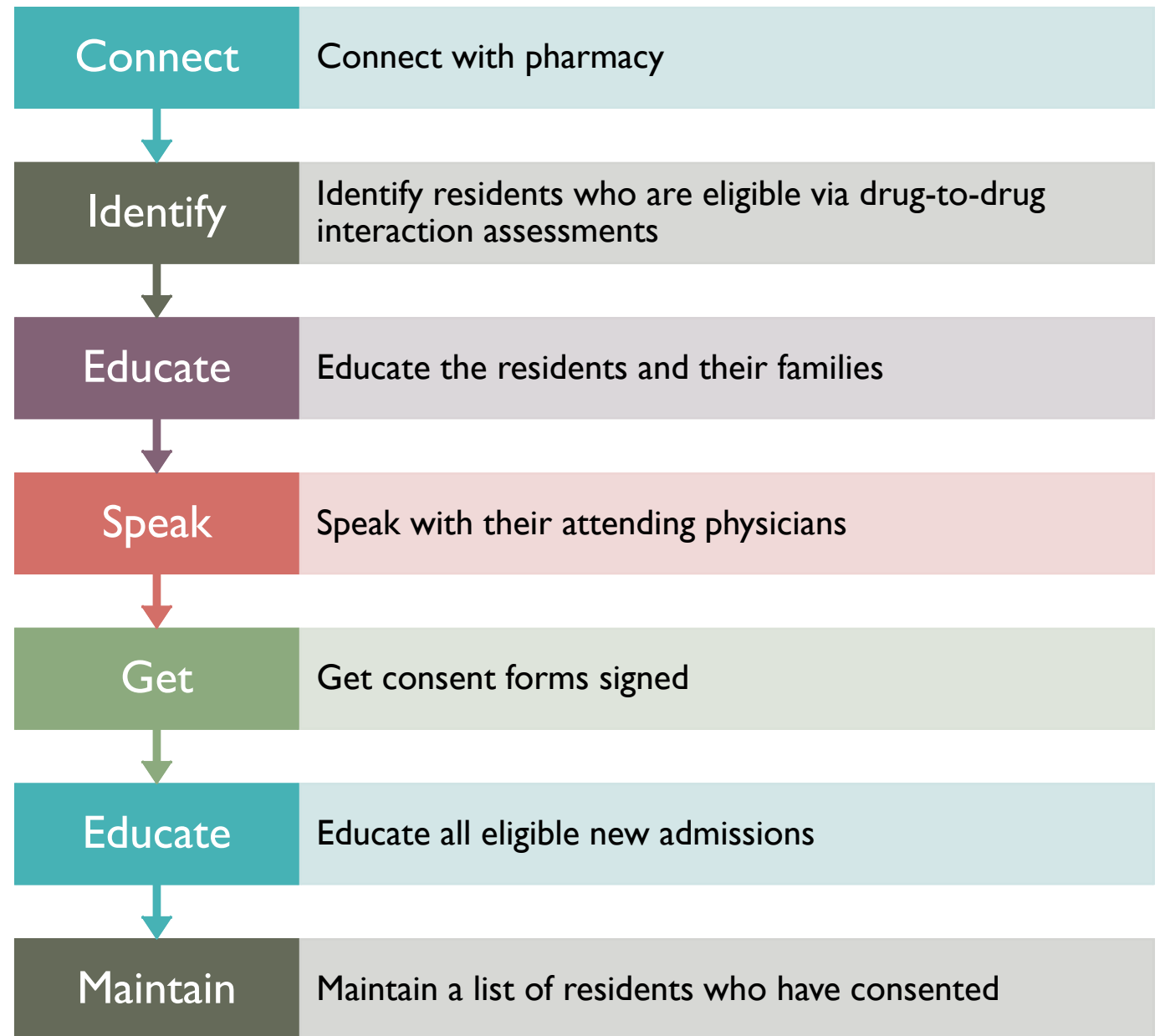
Treatments are not a substitute for vaccination. Vaccination remains the safest, most effective way to protect you from COVID-19. Treatments must be started early, so don't delay testing. Here is information on the available COVID-19 treatments.

	Evusheld	Paxlovid	Remdesivir	Bebtelovimab	Molnupiravir
Who can get it?	<ul style="list-style-type: none"> <li>Ages 12+</li> <li>Persons <b>without</b> COVID-19 infection OR recent exposure; <b>AND who:</b></li> <li>Are immunocompromised,</li> <li>Have received treatment that weakens the immune system, <b>OR</b></li> <li>Can't get vaccinated due to severe allergic reaction.</li> </ul>	<ul style="list-style-type: none"> <li>Ages 12+</li> <li>Persons with COVID-19 who are at high risk of serious illness</li> </ul>	<ul style="list-style-type: none"> <li>Adults and children 28 days of age and older and over 3.0 kg (7lbs.)</li> <li>Persons with COVID-19 who are not hospitalized but are at high risk of serious illness</li> </ul>	<ul style="list-style-type: none"> <li>Ages 12+</li> <li>Persons with COVID-19 who are at high risk of serious illness</li> </ul>	<ul style="list-style-type: none"> <li>Ages 18+</li> <li>Persons with COVID-19 who are at high risk of serious illness</li> </ul>
When do I need to get it?	<b>Before</b> infection to help prevent COVID-19	Within <b>5 days</b> from start of symptoms	Within <b>7 days</b> from start of symptoms	Within <b>7 days</b> from start of symptoms	Within <b>5 days</b> from start of symptoms
How is it given?	<b>Injection</b>	<b>Pills</b> taken orally for 5 days	Once daily <b>Intravenous Infusion (IV)</b> for 3 days	One-time <b>Intravenous Infusion (IV)</b>	<b>Pills</b> taken orally for 5 days
Where can it be given?	<b>Healthcare Facility/ Infusion Center</b>	<b>Home</b>	<b>Healthcare Facility/ Infusion Center</b>	<b>Healthcare Facility/ Infusion Center</b>	<b>Home</b>

For more information, visit: <https://covid-19.acgov.org/treatment>



OPERATIONAL  
STEPS TO  
COMPLETE  
IN ORDER TO  
ACCESS  
TREATMENT  
TIMELY



# ASSESS THE RESIDENTS BEFORE THE OUTBREAK STARTS

## PAXLOVID DRUG INTERACTIONS

- Drug-Drug Interactions Between Ritonavir-Boosted Nirmatrelvir (Paxlovid) and Concomitant Medications 5-13-2022.
- Web-based drug-drug interaction checker:
  - The [Liverpool COVID-19 Drug Interactions website](#)
- Tables with guidance on managing specific drug-drug interactions:
  - The [Ontario COVID-19 Science Advisory Table](#)
  - The FDA EUA [fact sheet](#) and [checklist](#) for ritonavir-boosted nirmatrelvir

# FIND COVID MEDICATION

Find local pharmacies that have COVID antivirals in stock –

<https://healthdata.gov/stories/s/COVID-19-Public-Therapeutic-Locator/chu2-wqes>

Test-to-Treat locator – <https://covid-19-test-to-treat-locator-dhhs.hub.arcgis.com>

**ASPR** Office of the Assistant Secretary for Preparedness & Response

English Español 简体中文

Need help finding a place to get medication? Call 1-800-232-0233 (TTY 888-720-7489)

### Get medication for COVID-19

COVID-19 medications are now available through your doctor, local pharmacies, and health clinics. If you have COVID-19 symptoms, do not wait to get treated. You must take oral COVID-19 medication within 5 days of your first COVID-19 symptoms. Use the tool below to find a location that is right for you.

#### Find COVID-19 Medication

Alameda County, CA, USA

0 10 mi 250

Results: 40

- Locations with testing, medical visits, and medication (Test-to-Treat) 1
- Locations to fill a prescription 39

**CVS Store #09251**  
3999 Santa Rita Road, Pleasanton, CA 94588  
[Book an appointment at CVS Store #09251](#) (3.53 mi)

#### How to get medication

- Locations to get testing, medical visits, and medication (Test-to-Treat)  
Some pharmacy clinics and health centers can prescribe and give you medication at the same location. [Learn more about the Test-to-Treat program.](#)
- Locations to fill a prescription  
Any healthcare provider can evaluate and prescribe you COVID-19 medication just as they normally would. You can fill those prescriptions at any location in this tool.

Data available for download at [healthdata.gov](https://healthdata.gov)

# CONSIDER ROUTINE TESTING OF ALL STAFF

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## WHEN THE VIRUS IS CIRCULATING...

- Catch pre-symptomatic and asymptomatic staff early
- Prevent spread
- Best defense – diagnostic screening testing is the only effective way to screen

# COHORTING AND SLOW PCR TEST TURNAROUND-TIMES DON'T MIX

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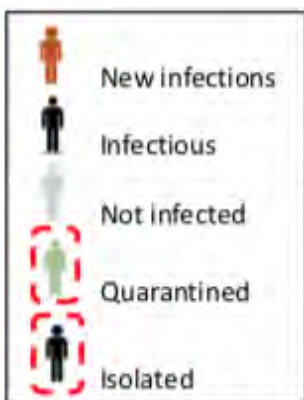
## Best Practices:

- Don't rely on PCR testing
- Have a well-stocked supply of POC Antigen test kits
- Never move any resident anywhere without a POC Antigen test just prior to the room move



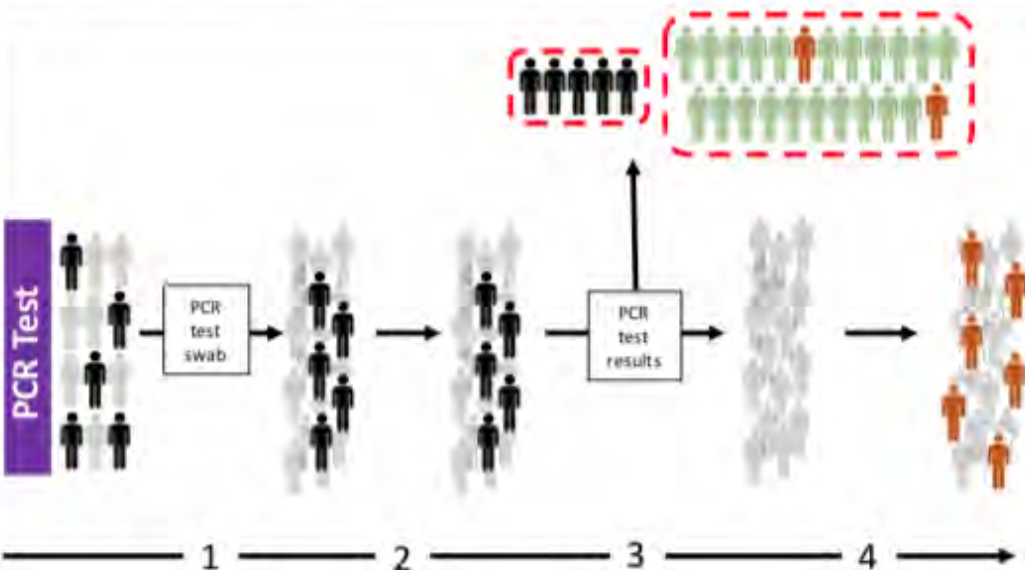
# SPEED MATTERS MUCH MORE THAN SENSITIVITY

For public health and return to workplace

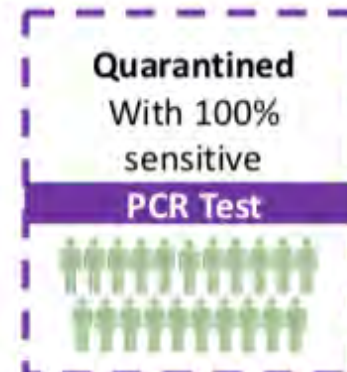
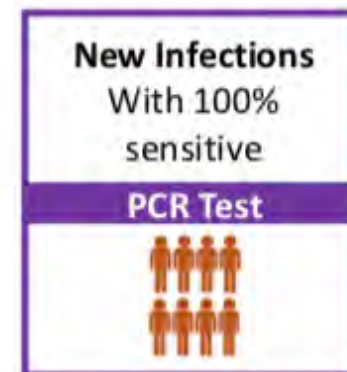


## PCR Testing

100% Sensitivity  
48-hour turnaround

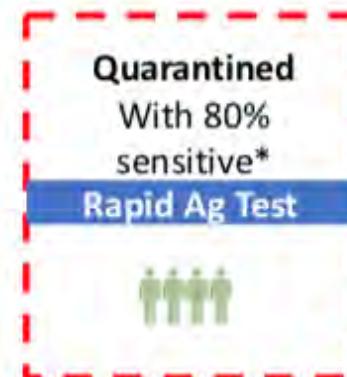


## OUTCOME



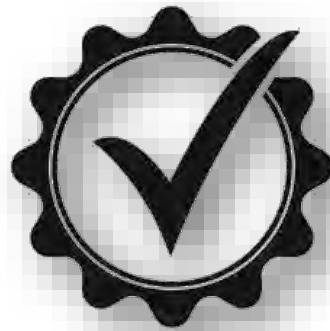
## Antigen Testing

80% sensitivity  
15-minute turnaround  
30-minute confirmation



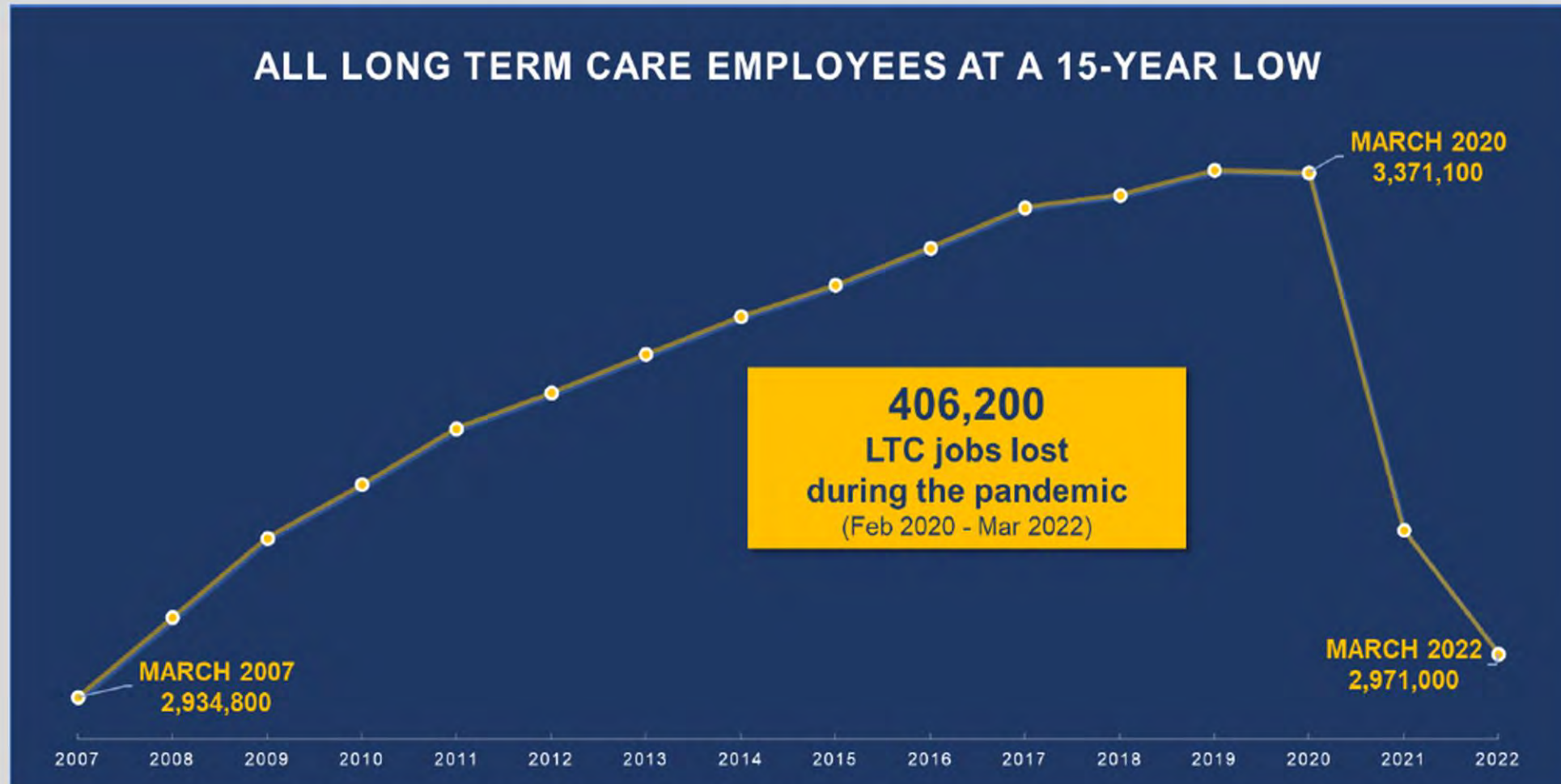
\* Most antigen tests exceed 80% and approach 95% for high viral loads

# STAFF STABILITY IS THE FOUNDATION FOR QUALITY OUTCOMES



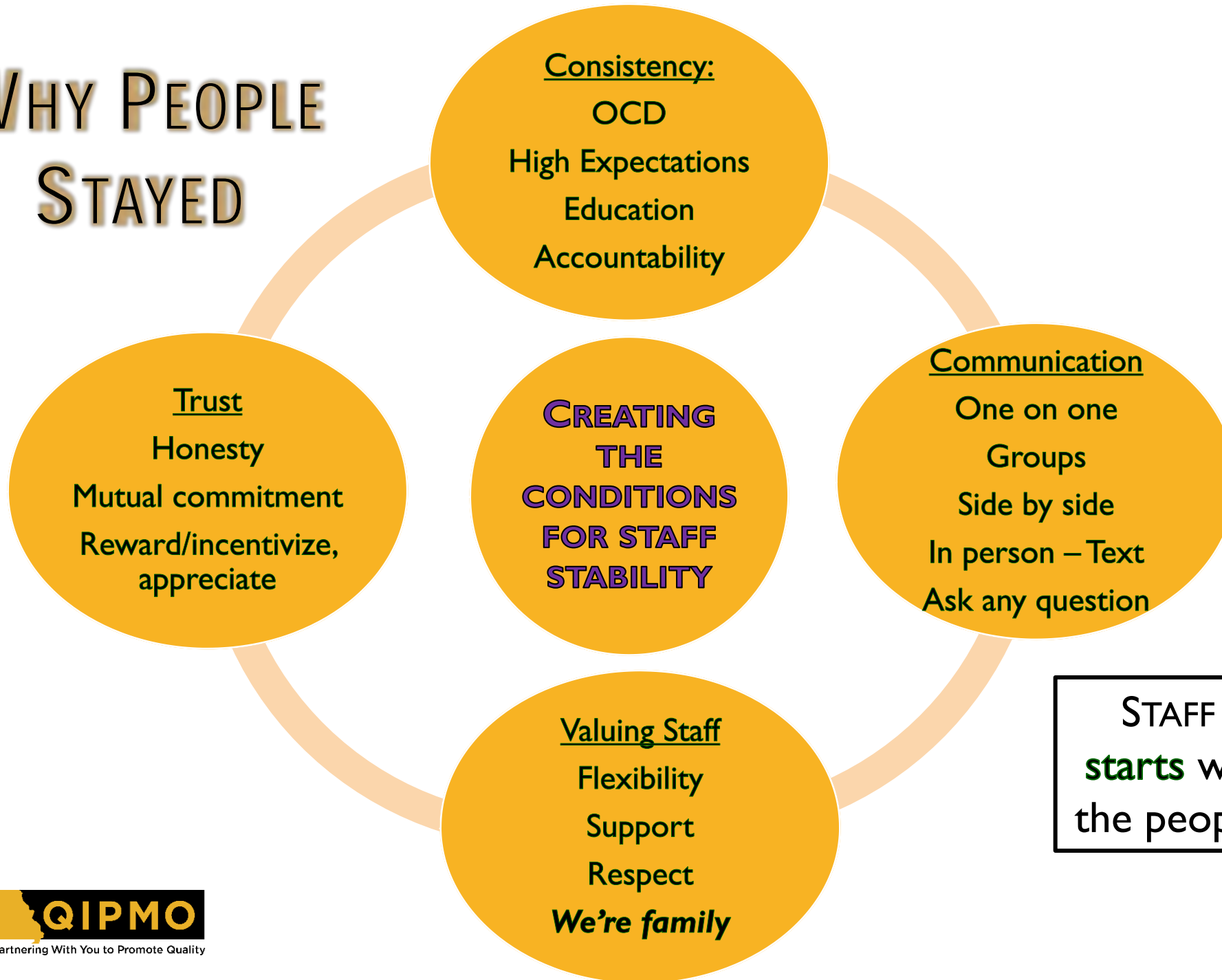
# THE ENTIRE LONG TERM CARE INDUSTRY IS FACING A 15-YEAR LABOR LOW

Among all long term care facilities (nursing homes and residential care facilities), the industry lost 4,00 jobs in March 2022. The industry has lost more than 400,000 employees over the course of the pandemic, and the number of employees is at levels not seen since August 2007.



Source: Bureau of Labor Statistics (BLS) March 2007-2022; Industry: Nursing and residential care facilities (NAICS Code: 623)

# WHY PEOPLE STAYED



STAFF STABILITY  
**starts** with keeping  
the people you have

# ACTION PERIOD 1 AND 2

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**Please take a minute and contribute in the chat box:**

**What's a tip from the first two sessions that have you started to implement?**

# TODAY:

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- Systems that led to staff stability and fewer cases
- Leadership practices that support the systems

# SYSTEMS

## SESSION 3



# HIGH PERFORMING ORGANIZATIONS

## COMMON ELEMENTS

- Culture – person-centered care
- Workforce commitment
- Leadership practices
- Organizational systems



# THE IMPACT OF LEADERS

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- Leader's decisions and actions influence:
  - Systems
  - Culture
  - Staff engagement
  - COVID outcomes
  - Clinical care
  - Quality of life

# WHAT MATTERS MOST?

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**LEADERS... YOU MATTER MOST!!**

- Management cares
- Management listens
- Help with job stress

# PERSON-CENTERED CARE LEADERSHIP

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Balancing Performance with Compassion



# RELATIONAL COORDINATION

# BUILDING RELATIONSHIPS

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No **significant work** happens  
without a significant  
relationship.

James P. Comer, MD, MPH,  
Yale University, School of Medicine

# RELATIONSHIPS DETERMINE OUTCOMES: PEOPLE PARADIGM

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## ***YOUR SYSTEMS CREATE YOUR OUTCOMES***

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

***Your systems for supporting good working relationships  
create your outcomes.***

*Deming, and Covey 1991*

# THEORY OF RELATIONAL COORDINATION

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- The effectiveness of care and service is determined by the **quality of communication** among staff
- Which depends on the **quality of the underlying relationships**
- The quality of the relationships **reinforce** the quality of the communication

*Gittell, et al, 2008*

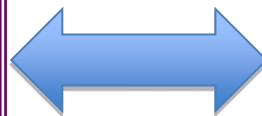
# DIMENSIONS OF RELATIONAL COORDINATION

INTERDISCIPLINARY ~ INTERDEPARTMENTAL ACROSS SHIFTS AND DAYS

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## COMMUNICATION

- Frequent
- Timely
- Accurate
- Problem-solving



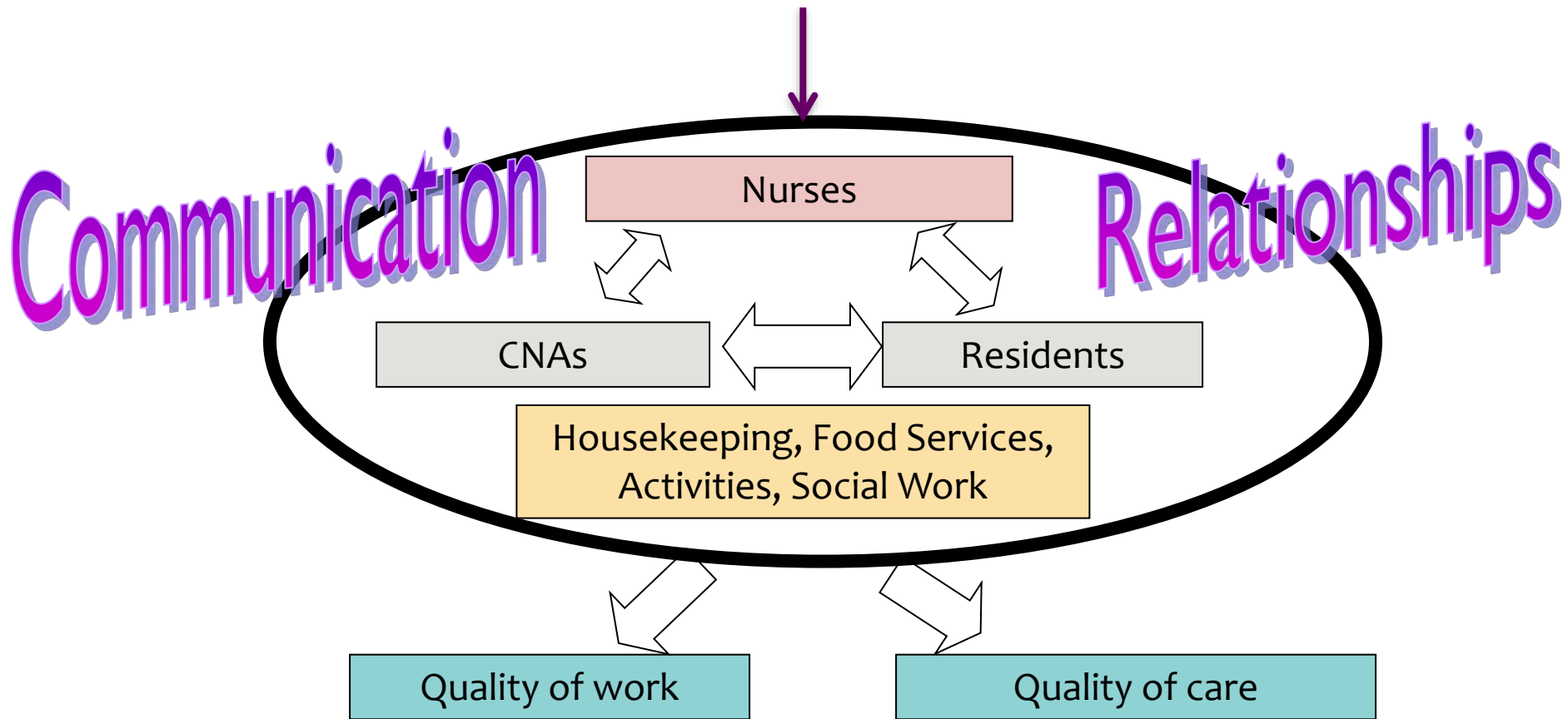
## RELATIONSHIP

- Shared Goals
- Shared Knowledge
- Mutual Respect

*Eaton, Bishop, Gittell*



# Relationships Closest to the Resident Matter Most



Eaton, Bishop, Gittell

# E.W. THOMPSON - NURSES THANK CNAs



# TRIGGER RELATIONAL COORDINATION

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## LEADERSHIP ACTIONS

- Increase Communication
  - Frequent, timely, accurate
  - Model problem solving
- Enhance Staff Relationships
  - Shared goals and knowledge
  - Model mutual respect

# RELATIONAL COORDINATION

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*I used to think it was only about me and them...*

*Now I understand my role.*

- Strengthen connections among staff
  - To better coordinate care
- Structure fun, interactive events
- Structure communication systems

# ENHANCING STAFF RELATIONS

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- Huddle rules
- No more uncivilized meetings
- Staffing to budget
- Client safety chains
- Spring Senior Prom
- Showcase talent show

# E.W. THOMPSON – ALL IN IT TOGETHER



**TAKE A MOMENT AND THINK –  
WHAT DO YOU DO TO TRIGGER BETTER RELATIONSHIPS AT YOUR FACILITY?**

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How did you celebrate national nursing home week or national nurses day?

What rituals or events do you have every year that are a part of your culture?

# INFRASTRUCTURE FOR RELATIONAL COORDINATION

## High Involvement

### Care Planning and Quality Improvement

To Collaborate with Staff Closest to Residents

### Rounding and QI Closest to the Residents

To Support Staff Closest to the Residents

## Huddles

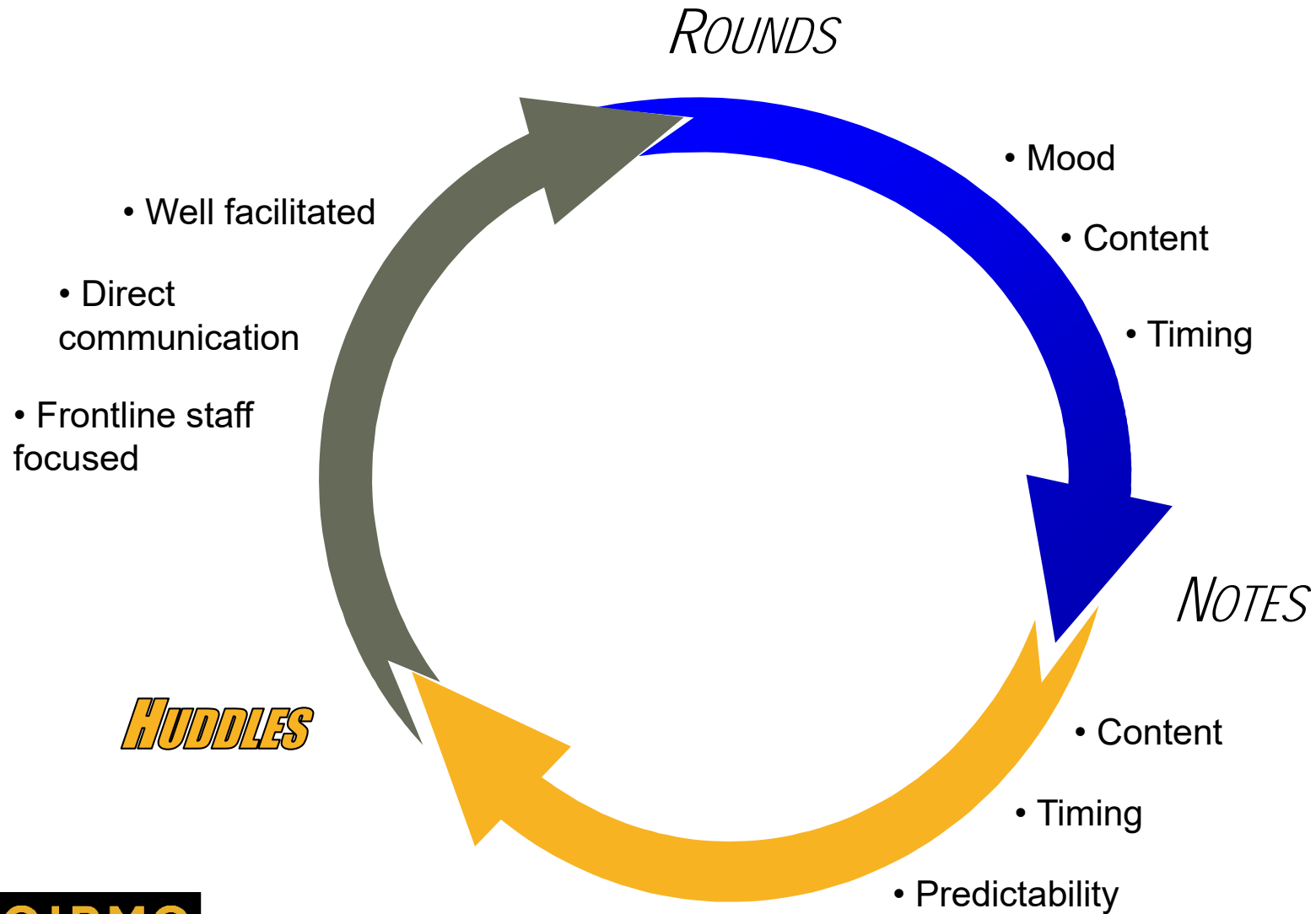
Staff Routinely Share and Problem Solve Together

### Staff Stability and Consistent Assignment

Staff Deeply Know Groups of Residents and Coworkers



# MUTUALLY REINFORCING BUNDLE – LEADERSHIP



# LEADERSHIP ROUNDS

# ROUNDS AT SPRINGFIELD REHAB AND HEALTHCARE CENTER

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# EFFECTIVE ROUNDS

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1. Mood, posture, facial expressions
2. Content – what you observe, say, and do
3. Timing
4. Following up

# *YOU* ARE IN THE SPOTLIGHT

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- Flip the switch
- Make eye contact
- Praise, build self-esteem
- Smile
- Linger
- Hand out granola bars
- Be a positive force

# EW THOMPSON – BEING A POSITIVE PRESENCE

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# PURPOSEFUL LEADERSHIP ROUNDS

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- High visibility
- Keen observations
- Verbal
- Smile and Say – “I’m smiling right now.”
- Model behavior
- Assist

# FIVE KEY QUESTIONS TO ASK STAFF

- **Relationship building**
  - “How are your beautiful kids doing?”
- **Focus on the positive**
  - “What is working well today?”
- **Positive feedback loop**
  - “Is there anybody who has gone above and beyond the call of duty today?”
- **QI - systems focus**
  - “Is there anything we can do better?”
- **Needs**
  - “Do you have the tools and equipment to do your job?”



# ROUNDS CONTENT – WHAT YOU *SAY* AND *DO*

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## TRIGGER HIGHER PERFORMANCE

- SAY - “I’m worried about... I’m proud about... thanks for helping her with that... that was nice of you... the residents really love you... I notice that you really care... thanks for being here today... I really like working with you.”
- DO - Answer call lights... hold doors open... sit in the break room... sit at the end of a resident's bed and talk to them... carry a leftover food tray back to the kitchen... move a linen barrel to the right spot... slow down... go look everywhere.

# TIMING OF ROUNDS

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## PRIORITY IS VISIBILITY

- Before huddles
- Mealtimes
- Shift change
- Last rounds
- Weekends
- Nights



# FOLLOWING UP

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**Keep notes**

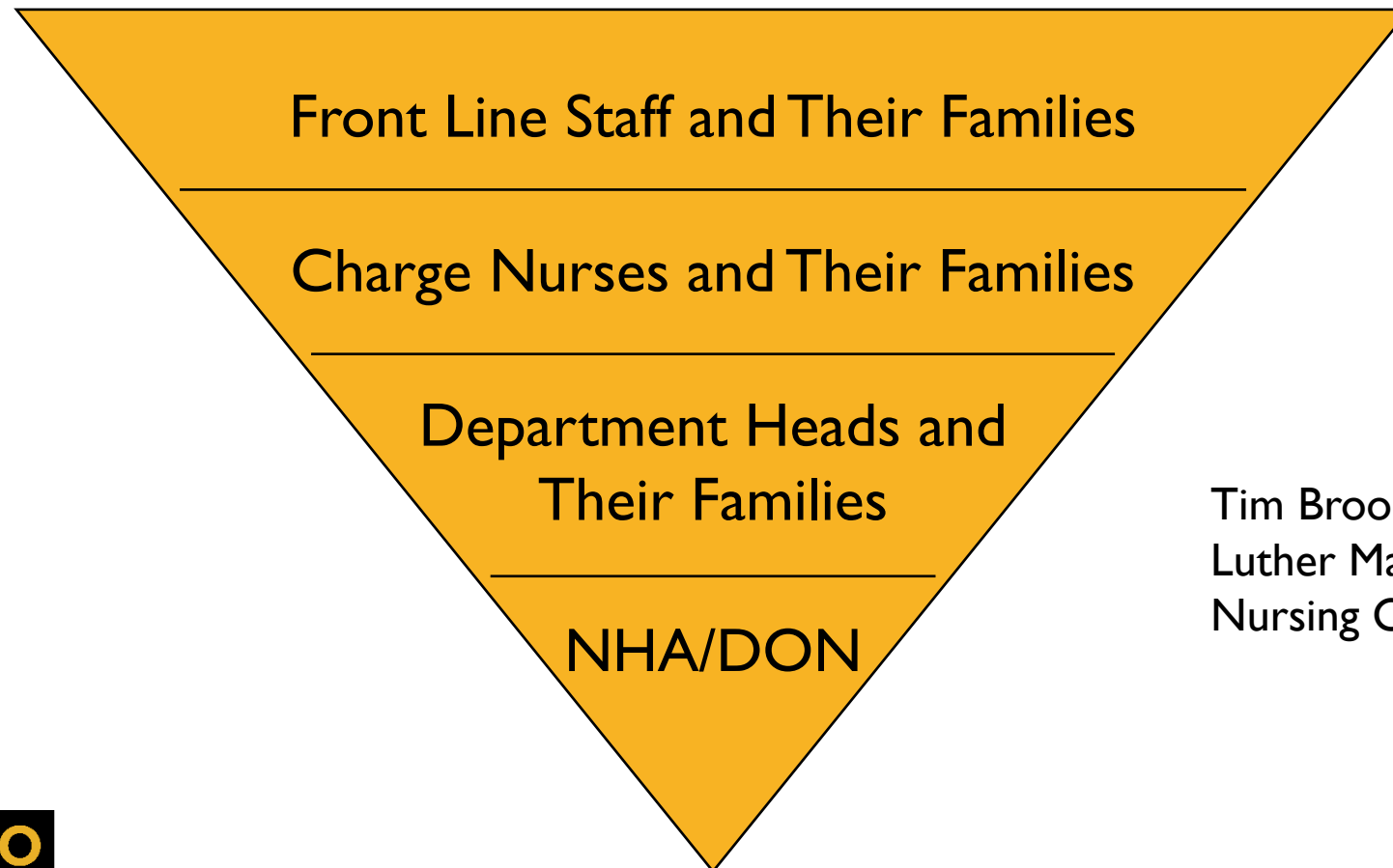
**Do not carry a cell phone**

**Listen intently**

**Get back to people who made requests**

# LEADERSHIP IN MISSOURI

## RESIDENTS AND THEIR FAMILIES



Tim Brooks, Administrator  
Luther Manor Retirement &  
Nursing Center

# THINK ABOUT YOUR ROUNDS

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- What do effective rounds look like in your organization?
- Who does rounds?
- What do you/they do during rounds?
- How often are you/they conducting rounds?

# CONSISTENT ASSIGNMENT

# STAFFING MODELS

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## **Consistent Assignment =**

Consistently assigning the same caregivers to the same nursing home residents every day

## **Rotating Assignment =**

Rotating caregivers from one group of residents to the next after a period of time

# SUPPORT FOR CONSISTENT ASSIGNMENT

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- Results from 13 research studies:
  - Enhanced relationships
  - Improved staff attendance
  - Improved staff, resident, and family satisfaction
  - Lowered staff turnover
  - Improved identification of slight changes in residents
  - Improved clinical outcomes
  - Improved quality of life

**Allow for individualized care**



# E.W. THOMPSON ON CONSISTENT ASSIGNMENT



# WWW.PATHWAY-INTERACT.COM

## Stop and Watch Early Warning Tool



If you have identified a change while caring for or observing a resident, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

- S** Seems different than usual
- T** Talks or communicates less
- O** Overall needs more help
- P** Pain – new or worsening; Participated less in activities
- a** Ate less
- n** No bowel movement in 3 days; or diarrhea
- d** Drank less
- W** Weight change
- A** Agitated or nervous more than usual
- T** Tired, weak, confused, or drowsy
- C** Change in skin color or condition
- H** Help with walking, transferring, toileting more than usual

\_\_\_\_\_  
*Name of Resident*

\_\_\_\_\_  
*Your Name*

\_\_\_\_\_  
*Reported to* \_\_\_\_\_  
*Date and Time (am/pm)*

\_\_\_\_\_  
*Nurse Response* \_\_\_\_\_  
*Date and Time (am/pm)*

\_\_\_\_\_  
*Nurse's Name*



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# CONSISTENT ASSIGNMENT AND THE EXEMPLARS

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“Consistent assignment is the only way for early detection of minor changes.”

Seth Peimann, Administrator  
NHC Healthcare, St. Charles

**“WE HAD A HIGH NUMBER OF CASES AND A LOW NUMBER OF DEATHS.”**

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### **NHC HEALTHCARE, ST. CHARLES**

- Physician and a nurse practitioner on-site 5 days a week
- Transitioned to more RNs before the pandemic
- Staff stability and consistent assignment
  - Early detection of changes or symptoms
- Intervene right away with a COVID order set
- Treat residents like they have it while waiting for the PCR test results
- Send them to the hospital before the disease progresses

# SPRINGFIELD REHAB AND HEALTH CARE – CONSISTENT ASSIGNMENT HELPS WITH COVID

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# 4-ON 2-OFF SCHEDULE

## EVEN # OF CAREGIVER ASSIGNMENTS

### 3 CAREGIVERS SERVE 2 RESIDENT ASSIGNMENTS

	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S
Maria	1	1	1	1	0	0	1	1	1	1	0	0	1	1
Jen	2	2	0	0	2	2	2	2	0	0	2	2	2	2
Ellie	0	0	2	2	1	1	0	0	2	2	1	1	0	0

# SPRINGFIELD REHAB AND HEALTH CARE – CONSISTENT ASSIGNMENT PROMOTES TEAMWORK

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# SUPPORTING CONSISTENT ASSIGNMENT

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- Measure it
  - What is the average number of CNAs per resident per month that document providing ADL care
- Charge nurse support
- Include nurses, housekeeping, activities, SW
- Revisit periodically for changes
- A Good Process
  - Fair distribution of work
  - Matches work for residents and staff



# PROCESS FOR WEIGHTING AND BALANCING CONSISTENT ASSIGNMENTS

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Rate each resident on scale from 1 to 5 in each dimension

<b>Resident</b>	<b>Physical</b>	<b>Non-physical</b>	<b>Total</b>

# INFRASTRUCTURE FOR HIGH QUALITY INDIVIDUALIZED CARE

## **High Involvement**

### **Care Planning and QAPI PIPs**

To Collaborate with Staff Closest to Residents

## **Rounding and QI Closest to the Residents**

To Support Staff Closest to the Residents

## **Huddles**

Staff Routinely Share and Problem Solve Together

## **Staff Stability and Consistent Assignment**

Staff Deeply Know Groups of Residents and Coworkers

# WATCH LIST HUDDLES

**GAME CHANGER**

# GOOD HUDDLES ARE A SYSTEM OF COMMUNICATION

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- Stand-Up morning huddles with department managers, IDT, and staff-done in the neighborhood
- Fall huddles, done immediately after a fall with all staff in the vicinity of the fall
- Stand-down end-of-shift check-in huddles
- Impromptu huddles as needed

WATCH LIST HUDDLES-GAME CHANGER

# LUTHER MANOR RETIREMENT & NURSING CENTER

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“Everyone has good ideas, so we create the right conditions for sharing their ideas and cultivate them.”

Tim Brooks, Administrator

# VILLAGES OF ST PETERS MEMORY CARE

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“At the morning huddle, we talk with all of the staff from all of the departments about which residents to watch, which are sick and which ones may be near the end of their life.”



Debra Tyree, Administrator

# NHC HEALTHCARE, ST. CHARLES

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“We use NHC’s ‘A Better Way’ at our morning huddle – people come for information and an update. We don’t always have all the answers now, but they trust we will find out and report back what we find. Our huddle was in place prior to COVID, and it allowed us to be successful during COVID.”

Seth Peimann, Administrator

# SPRINGFIELD MORNING STAND-UP WITH EVERYONE

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# WATCH LIST HUDDLES

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A system designed to keep everyone aware of and informed about the most fragile, and vulnerable residents.

Done with frontline staff and clinical managers, the huddle is a dynamic combination: intimate information from the frontline staff and the clinical expertise of clinicians.

# GETTING IN FRONT OF A PROBLEM

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## 24 Hour Report

- 24-hour reports are reactive
- Done after the fact

## Watch List Huddle

- Watch list huddles are pro-active
- Identifies areas of concern before they get on the 24-hour report

***24-hour reports often shrink after watch list huddles are put in place***

Cycle time = the time it takes to complete the process from start to completion *plus* any delay time



# EMERGENT ISSUE – CYCLE TIME

## TOO LONG CYCLE TIME

- Housekeeper sees resident is short of breath and hesitantly approaches nurse. Nurse is too busy.
- Other staff – CNA, food service – notice more symptoms as day goes on but can't catch the nurse
- CNA documents resident ate less at breakfast and lunch
- Next day, nurse sees resident is in distress, sends to hospital

## SHORT CYCLE TIME

- Housekeeper sees resident is short of breath
- Knows what to watch for because he was in morning huddle with watch list
- Tells nurse
- Nurse assesses resident, orders test, confirms pneumonia, starts treatment
- By next day resident is starting to feel better

# COVID ANTIVIRAL TREATMENT IN 5 DAYS OR LESS

## SHORT CYCLE TIME

- A housekeeper, who knows a resident well and chats with her as she cleans her room, notices that resident is short of breath which is unusual for her
- The housekeeper knows what to watch for because she attends the morning huddle and has learned to look for certain changes in the residents
- The housekeeper tells the charge nurse who tests the resident with a POC rapid antigen test
- The resident tests positive for COVID and has a symptom
- Resident is placed in isolation
- Nurse assesses resident, calls the physician who orders the COVID treatment Paxlovid which is started within 48 hours of a positive test and symptom onset
- Resident's symptoms remain mild, and she recovers and moves back to her room on day 10

## LONG CYCLE TIME

- A housekeeper, who knows a resident well and chats with her as she cleans her room, notices that resident is short of breath which is unusual for her
- The housekeeper notices her symptoms as the day goes on, but she assumes the nurse must know
- CNAs document the resident ate less at breakfast and lunch and is lethargic, but they don't tell the charge nurse
- The next day, a nurse sees resident is in slight respiratory distress, so she tests the resident with a POC rapid antigen test
- Resident tests positive for COVID and has a symptom
- Resident is moved to a single isolation room
- Nurse assesses resident, calls the physician who orders the COVID treatment Paxlovid
- Resident has lost four days of the five-day window –too close

# WATCH LIST HUDDLE HOW-TO

# GETTING STARTED

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- Start small
- One neighborhood, one shift
- Start with your easiest place to start-dementia neighborhood?
- Figure out how you want to capture information-flip chart, binder

# CREATING YOUR WATCH LIST

- Exhibiting COVID symptoms
- Who keeps you up at night?
  - Who are you worried about?
    - Fragile, complex
  - Who are your staff worried about?
    - Emergent issues, early warning signs
- Who is at risk?
  - Which residents are triggering for QM's?
  - Who are your new admissions?





# WHAT SITUATIONS WARRANT BEING PUT ON THE WATCH LIST?

**THESE CONDITIONS REQUIRE WATCHING, TEAMWORK, OR ESCALATION OF CARE**

## Examples:

- Falls
- Newly admitted residents; or just back from the hospital
- Anyone triggering for multiple quality measures
- COVID symptoms
- Anyone with change in condition or mentation or Significant distress/distressing behavior
- Anyone you're changing meds on
- On Coumadin
- Seasonal such as during high pollen times, respiratory issues
- Actively dying

# CHARACTERISTICS OF THE WATCH LIST

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- A watch list should be kept to a manageable size of 3-5 residents
- A watch list is a “fluid list” that changes all the time

It's not just what you do, but  
HOW you do it.

Good huddles depend on good  
facilitation.

Facilitation is a teachable skill.

Skills improve with knowledge,  
practice, feedback, and support.



# HUDDLE FACILITATION TIPS

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- Be on time
- Keep it short
- Hear from everyone (“You work with him every day, what do you see?”; use go-rounds)
- Probe (“Tell me more...”)
- Redirect diversions (don’t chase the rabbit; use a “parking lot”)
- Be the guardian of the process
- Appreciate relevant information
- Create a small action plan-it’s not just identifying emerging concerns

# WATCH LIST HUDDLE COMPONENTS

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- 10-15 minutes
- Conducted daily (ideally)
- Huddle participants should include:
  - CNAs
  - Housekeeping
  - Nurse managers
  - Physicians/Nurse Practitioners
  - Interdisciplinary team members
  - Food and nutrition



# DISCUSSION FOR EACH WATCH LIST RESIDENT

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- What concerns you about this resident's status/situation?
- What should everyone look for?
- What should staff let other staff know about?
- Updates on test results, action items, how residents are doing
- What factors contribute to their being at risk?
- How are those factors being addressed?
- What are the next steps?
- Just-in-time teaching

# IN YOUR HUDDLES, USE WHAT WORKS!

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- Focusing on what works is called positive deviance – how we learned from your exemplars
- Ask in a go-around:
  - Who has had a success with this?
  - What works for you?

# WHY THEY WORK

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- Consistent and reliable-can count on them
- Everyone hears the same information
- Taps into the knowledge of the frontline staff
- Offers teachable moments
- Are uplifting



# AFTER THE HUDDLE



Let staff know that they were heard



Thank staff who contributed



Keep written notes



Summarize key points and follow-up items



See the resident being discussed

*“The single biggest problem in communication is the illusion that it is taking place.”*

George Bernard Shaw

QUALITY IMPROVEMENT  
CLOSEST TO THE  
RESIDENTS

# LUTHER MANOR RETIREMENT & NURSING CENTER

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“We have a QAPI meeting once a month. But when we have a hard problem, we have a quick stand-up QAPI huddle with the staff at the nursing station. They have great ideas and then they are eager to implement the ideas because they came up with them.”

Tim Brooks, Administrator

# E.W. THOMPSON QI CLOSEST TO THE RESIDENT

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# KEEP DOING LIST

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- Stay in it together
- Consistent assignment
- Close monitoring of people coming into the building
- Physical therapy in the resident's room
- Paying attention to having fun
- Working supervisors
- Use technology - families can attend meetings virtually
- “Overcommunication”

# THE EXEMPLARS IN MISSOURI!

*We wish to acknowledge those homes that participated in this study and showed exemplary performance with staffing during the pandemic years of 2020-2021.*

- E.W. Thompson Health & Rehabilitation Center - Kristen West, Amanda Harris, Sara Miesner*
- Heritage Nursing Center - Skilled Nursing By Americare - Michelle Tolbert, Lisa Tucker*
- Independence Care Center of Perry County - Dana Korando, Casey Ellis*
- Luther Manor Retirement & Nursing Center - Tim Brooks, Heather Lohmeyer*
- NHC Healthcare, St Charles - Seth Peimann, Denise Benson, Daphne Bollinger*
- Parkview Health Care Facility - Tim Francka*
- Shelbina Villa - Kim Thompson, Ashley Arnett, Muriah Schuman*
- Spring Ridge - Assisted Living By Americare - Christina Bloomer*
- Springfield Rehab & Health Care Center - Troy Lacey*
- Villages of St. Peters Memory Care - Debra Tappe, Carolyn Reagan*

# WHY THEIR COVID NUMBERS ARE LOW

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- Leaders modeled the way
- Pillars of communication systems in place that were sustained
- Communication was Timely, Accurate, Transparent, Actionable, Caring
- Stable, consistent staffing
- They were the first to implement, more likely to sustain it, and the last ones to pull it back
- Triggered engagement



# TRIGGER STAFF ENGAGEMENT

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- ***Discretionary effort*** and attention to detail that employees put into their jobs right now
- Want the organization to succeed
- Feel connected
  - Emotionally
  - Socially
  - Spiritually



# EMPLOYEES ARE ENGAGED WHEN LEADERS ARE ENGAGED

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THE LEADERS IN THE MO CENTERS PROVED THAT WHAT  
YOU DO MATTERS

- Leaders are engaged and optimistic
- Leaders understand their role
- Leaders over-communicate
- Leaders foster trust
- Leaders make people feel safe and valued

# SPRINGFIELD REHAB & HEALTH CARE CONNECTING THE DOTS BETWEEN LEADERSHIP PRACTICES AND OUTCOMES

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# ACTION PERIOD ASSIGNMENT IDEAS

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- Launch or refine your watch list huddles
- Assess if consistent assignment is in place
- Improve how you and others conduct their rounds
- Share these slides with your team

ASSIGNMENT

# IMPORTANT – CEU INFORMATION



**TODAY'S WEBINAR HAS BEEN APPROVED FOR CEU HOUR(S)**

## **IN ORDER FOR MO LNHAS TO GET CREDIT:**

- **It is REQUIRED that you complete a brief survey/evaluation**  
Link to the survey - [www.surveymonkey.com/r/QIPMStaffingWorkshop2](http://www.surveymonkey.com/r/QIPMStaffingWorkshop2).  
You'll also receive an email from [musonqipmo@missouri.edu](mailto:musonqipmo@missouri.edu) with the link to a SurveyMonkey survey.
- **It is REQUIRED that you answer the question asking for your LNHA number.**

*\*The amount of your credit will be adjusted based on time spent on the webinar.*





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**QUICK TIPS  
Watch List Huddles**

Huddles are a good communication tool, and good communication helps staff work better together. They are a quick way to get everyone on the same page as all staff in the huddle are together hearing the same message, with same opportunity to ask questions, talk through any concerns, and offer ideas.

A watch-list huddle is a short stand up meeting. It is a proactive mechanism for everyone to focus on residents most at risk. While the 24 hour report reviews what has already happened, a watch list huddle is preventive. It is a huddle involving front-line staff and members of the clinical team to talk together about how to approach care for residents in a fragile condition. The DoN or nurse manager can highlight residents you are worried about, brief staff on what to look for, and ask staff what they see. CNAs, charge nurses, and housekeepers can share early warning signs of emerging clinical issues before they become full blown.

A watch list huddle covers the most fragile situations. Include anyone you are worried about, and anyone frontline staff are worried about. Situations that might put a resident on a watch list include newly admitted residents, for the first 72 hours; “at risk” residents; residents with a change in their condition; residents who staff report are not themselves today; and residents pending discharge. As your huddle develops and staff get more comfortable with it, you can start to use it as the time to do a check-in on any area of clinical focus you are working on, such as reducing off-label antipsychotics, or preventing falls.

**1. Catch early warning signs:**

For the frail elderly a subtle sign can mean something big is brewing. Loss of appetite for a 40 year old is very different than for an 80 year old. A watch list huddle allows you to catch even the subtlest indicators that something is not quite right before it becomes a big issue. CMS has found these five conditions cause for over 80% of the potentially avoidable hospitalizations:

- Congestive heart failure
- COPD, Asthma
- Dehydration
- Pneumonia
- Urinary tract infection

Although many nursing home residents end up hospitalized as a result of these conditions, the reality is that all of these conditions are treatable in the nursing home if they are caught early enough to treat them. Rarely are these sudden onset acute conditions. They start with subtle changes that, if caught and treated early, may prevent a hospitalization.

Through a watch list huddle you can catch the subtlest sign. Those staff who work closest to the resident and see them every day notice when something isn't right with them. Subtle signs, such



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as a loss of appetite, or not engaging in conversation, being more tired than usual, or not being able to give themselves a clean shave as they usually do can all mean that something is brewing and close monitoring or escalating care is needed. A watch list huddle allows you to harvest the valuable information that frontline staff have.

- So that front-line staff can attend, designate others to cover call lights during the huddle.

## **2. Facilitation skills:**

Good watch list huddles require good facilitation. Good facilitators make sure everyone is involved and that even the shyest staff members contribute and are brought into any discussion. Good facilitation is a skill, and like any other skill, the more we do it, the better we get at it.

The facilitator is the guardian of the process. Effective facilitation tips include:

- Hear from everyone
- Make sure the huddle starts and ends on time
- Keep it short (10-15 minutes)
- Redirect diversions

A good practice is to start a discussion of any resident on the watch list by asking the CNA who routinely cares for the resident for an update on how the resident is doing. Use a round robin check-in at the end of the huddle to see if anyone has anyone else they are worried about is also a good technique. Bring each discussion to a conclusion by noting any action items and who will be responsible. Keep track of who you are watching and why, and what action is to be taken. Consider using a notebook, white board, or flip chart with adhesive paper.

**Keep it quick:** We recommend that this huddle be done standing up. When people sit it subtly signals a longer “meeting.” Cell phones are an excellent tool for keeping the huddles short and keeping everyone focused. Set it with a timer for ten minutes where everyone can see it. If an issue is taking longer than expected, the facilitator can say “let’s continue this in tomorrow’s huddle.” If the huddle becomes too long it will cease being effective.

## **3. When and how often:**

Every building is different, and timing of the watch list huddle has to fit into the rhythm of the home’s day. Too early in the morning may mean that key participants can’t make it or too late and still others can’t be there. Talk to staff to see what time works best for them, and use the trial and error approach. Try what seems to be the best time for a week and then check in at the end of the huddle at weeks end. You may need to make a timing change.

Some homes use the watch list huddle daily and others use it several times a week with careful notes on who will do what during the times in between huddles. A home specializing in short stay will get the most benefit from daily huddling and those with long term residents may opt for



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every other day. Because this communication tool encourages sharing of information you are getting to things earlier and information doesn't slip through the cracks.

#### **4. Just in time teaching:**

Use your watch list huddle time as the vehicle for providing your staff with clinical information pertinent to the situation under discussion. Just in time teaching is powerful because as adults we learn best in real time. It is not an abstract concept for staff but rather a real situation that they are seeing unfold in front of them and they know what to expect and what to do. Let people know why they are seeing what they are seeing, and explain expectations. Front line staff are more likely to get the weights done when they know that the resident is experiencing heart issues and weight gain is a sign to watch.

Frontline staff in general love to get this information. It helps them understand what is happening and their role in providing good care. Many frontline staff are their family health expert when they are at home and this kind of education is actually a plus for them in the work.

Just in time teaching can include:

- Short description of the disease or condition
- Review of how to escalate care in response
- What to look for and what to communicate to others
- Asking what the staff are seeing

#### **5. Include everyone:**

Watch list huddles are not meant to include clinical staff only. We recommend that all staff that work on the neighborhood attend the watch list huddle. This way everyone has information about residents. Quite often the housekeepers and maintenance staff who have relationships with residents have a window into what is going on for them in a way that others may not see. They may not know the whole context medically, but they are often eager to learn. They often recognize when a resident is not as chatty as usual and are not quite themselves. This could be a sign of an infection or other emerging condition. CNAs may say, "she's not eating well, not transferring well," which gives the nurse an opportunity to share about a medication change that has appetite loss as a side effect. It's important to know if the side effect is too strong and the medication needs to be modified.

By having everyone involved you are also building teamwork. When there's a new infection, everyone is alerted at this huddle meeting and everyone's paying attention. All staff are able to notice issues with residents because they know what to look out for. Staff know when a new resident is coming. Staff may share that a resident had a bad night, and the team is there as a resource to problem-solve on the spot. When people know that their contribution is important it helps with staff stability and job satisfaction.

- Make sure to give non-clinical staff thorough training and guidance on HIPPA.