

Trainer's Guide to Optional Exercises

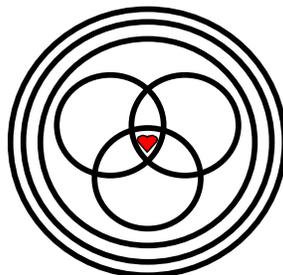
Centers for Medicare & Medicaid Services (CMS)

Nursing Home Improvement Satellite Broadcast & Web Cast

**Four-Part Services:
From Institutional to Individualized Care**

**Part Two:
Transforming Systems
to Achieve Better Clinical Outcomes**

**Friday, May 4, 2007
1:00 PM - 3:30 PM**



Exercise for Section 1: Transforming Care Delivery Systems

Option 1: *Individualized Care: What Would We Need?*

Description: This exercise teaches a starting point for transforming practices in a nursing home from being institutionally-centered to being person-centered. The change process starts with thinking about how we individually, as people, need our lives to be, and then looking at what happens instead in a nursing home. What we need is what our residents' need, because they are people too. Then we need to step back and dissect the current process. What are we doing now? What would we want for ourselves? This gives us insight into what changes are needed.

Logistical Instructions: Ask participants to imagine that they suddenly need to move into a nursing home today. In pairs, ask people to share what they would need the nursing home to know about them and what would be non-negotiable that they would need in order to feel okay living in the nursing home. After people have had time to discuss this, ask for volunteers to share their discussion with the whole group.

Next, ask people to discuss in small groups how easy or hard it would be for each of their necessities to happen in today's nursing homes. What would make it possible and what would get in the way of it? After each group has had time to consider this, ask groups to share their discussions with the whole group.

Finally, ask people what the impact on them would be if they weren't able to have this "non-negotiable." How would it affect their well-being?

Discussion: Judith Carboni described home as a "strong, intimate, fluid relationship between a person and their environment" in which they live and homelessness as a "severely damaged and tenuous relationship between a person and their environment." She found that people who experienced the displacement of homelessness often went into a state of psychic despair.

For each of us, the experience of being "at-home" and the psychosocial well-being that feeling at home gives us, depends on unique individual factors. When they are in place for us, we thrive, even in the midst of significant difficulties. Yet, many of these individual necessities require accommodations that are outside the norms of nursing home care. Transforming systems to accommodate individual needs positions nursing homes to provide well-being to residents and to craft approaches to care that will prevent clinical decline.

Exercise for Section 1: Transforming Care Delivery Systems

Option 2: *Descheduling*

Description: Many care delivery systems in nursing homes operate on a set schedule. A key step in individualizing care is transforming care delivery systems from an institutionally driven schedule to an individually driven schedule. This exercise gives participants an opportunity to examine the extent to which systems are currently operated on this institutional schedule and to explore what impact that would have on each of them as individuals.

Logistical Instructions: In small groups, with one person serving as recorder, ask people to chart every aspect of the typical nursing home schedule through a 24 hour period starting and ending at midnight. Ask them to include when meals are served, when rounds are done, when meds are passed, when activities occur, when people are gotten up, helped to bed for naps and for the night, and when assistance is provided to the bathroom.

After each group is done, have the groups compare their charts. Note the similarities and differences. There will likely be a great many similarities. Among the thousands of nursing homes across the country, there are fairly similar routines for the basics of daily living.

Next, ask each person to draw a line down the middle of a piece of paper. On the left hand side, list their typical schedule on a workday, starting and ending at midnight. On the right hand side, list their typical schedule on a day-off, starting and ending at midnight. Ask them to include when they eat meals and snacks, when they go to bed and wake up, when they engage in routine personal or group activities, and their schedule for their personal hygiene.

When everyone is done, ask people to compare schedules with each other in their small groups, to note similarities and differences. There will be a wider range of differences in people's personal schedules.

Ask people to compare how much of their personal schedule would work within the typical nursing home schedule? What impact would it have on them to live by the nursing home's schedule?

Discussion: Nursing homes operate on an institutionally driven schedule. To meet individual needs, many systems of care need to be transformed.

Exercise for Section 1: Transforming Care Delivery Systems

Option 3: *A Good Night's Sleep*

Description: This exercise examines what is needed for a good night's sleep and what can be done to transform care delivery systems to minimize sleep interruptions. Sleep is essential to physical and mental well-being.

Sleep is necessary for survival. Sleep deprivation results in a decrease in body temperature, a decrease in immune system function as measured by white blood cell count, and a decrease in the release of growth hormone. Sleep deprivation can also cause increased heart rate variability. For our nervous systems to work properly, sleep is needed. Sleep deprivation makes a person drowsy and unable to concentrate the next day. It also leads to impairment of memory and physical performance and reduced ability to carry out mathematical calculations. If sleep deprivation continues, hallucinations and mood swings may develop. Most cells of the body show increased production and reduced breakdown of proteins during deep sleep. Sleep helps humans maintain optimal emotional and social functioning while we are awake by giving rest during sleep to the parts of the brain that control emotions and social interactions. Source: eMedicineHealth

Logistical Instructions: Ask each individual to write down what he or she would need for a good night's sleep. Ask volunteers to share their list of needs with the whole group. In the group discussion, ask people what happens when they don't get good sleep, how it affects them. Ask people what they know about the importance of sleep for physical, mental and psychosocial well-being and what impact lack of deep sleep has on humans. Share the information provided above.

Ask each group to brainstorm all the interruptions to sleep that occur in the night in a nursing home. Make a list on a flipchart. Assign or ask each group to pick one area and ask them what they could do differently so that whatever needs to be done can be done in a way that preserves deep sleep for the resident. Have the groups share their ideas.

Discussion: Deep four hour blocks of REM sleep are necessary for physical, mental, and psycho-social well-being. Yet sleep is often interrupted in nursing homes. There are many ways that nursing home staff can accomplish what they need to without interrupting deep sleep. Identifying ways to transform night-time routines and systems can lead to better clinical outcomes.

Section 2 – How Individualized Systems Increase Your Capability to Meet Clinical Needs

Consistent Assignment

Description: This exercise gives people an experiential way of understanding the dynamic between a resident and a CNA. It heightens participants' awareness of the vulnerability residents experience in their loss of independence and resulting dependency. It demonstrates the importance of the care-giving connection between a resident and a CNA and how, through consistent assignments, staff can know and meet residents' individual needs.

Logistical Instructions: This exercise is done in pairs. Have available on each table a pitcher of water, drinking glasses and straws. Ask people at each table to count off 1, 2 so that everyone is either a 1 or a 2. Tell everyone who is a 1 that they are now nursing home residents who have lost all use of their arms. Tell everyone who is a 2 that they are now CNAs. (It is important to make the 1's residents and the 2's CNAs so that if there are an odd number of people in the group, there will be more resident than CNAs instead of more CNAs than residents.) Tell the CNAs that there is a new effort to ensure that residents are getting enough fluids. Using the water, glasses, and straws at each table, each CNA needs to give a glass of water to a resident (or two, if there is an odd number). It is important to encourage the resident to drink the entire glass of water because of the concern about dehydration.

After the drinking has been completed, or when you sense that enough has occurred, begin a discussion of what everyone experienced. Those who were residents will likely talk about what it felt like to be dependent, to feel compelled to drink, and their interaction with their CNA. Those who were CNAs will likely talk about how humbling it is to help someone in that way and how hard it is. Remind people that helping someone drink is not the most intimate care that occurs in daily nursing home life.

Ask people what difference it would make to have the CNAs rotate or to have the same CNA.

Discussion: When the same CNA provides care, that CNA comes to know the resident's preferences, and they get in to a rhythm together in the care routines. For the resident, having the same caregiver allows the care to occur in the context of the relationship instead of merely as a task.

Section 2 - How Individualized Systems Increase Your Capability to Meet Clinical Needs

Pressure ulcers: A Case Study

Description: This exercise applies individualized care to a clinical situation. Knowing residents' individual routines and interests, and individualizing care accordingly, gives nursing home staff a road-map for addressing clinical issues, such as the prevention, detection and treatment of pressure ulcers.

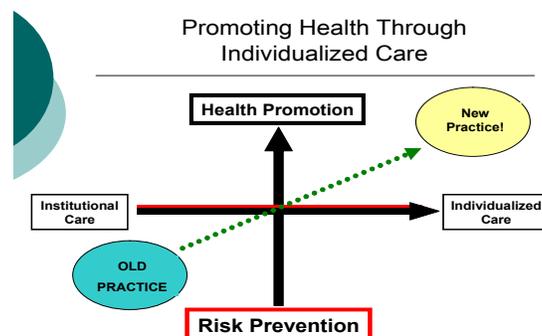
Logistical Instructions: Review six key factors for risk of pressure ulcers:

- **Sensory Perception** - the person's ability to feel pressure or discomfort
- **Moisture** - skin exposure to moisture especially urine or fecal incontinence
- **Physical Activity** - how active and able to move a person is
- **Mobility** - how a person can move their body and relieve any pressure
- **Nutrition** - adequate nutrition and hydration
- **Friction and Sheer** - how a person can lift, not glide, when moving up in bed

Share the following case study with the group:

Ann Cleary is 95 years old with a history of heart disease, diabetes mellitus and severe peripheral vascular disease. She weighs 98 pounds and is 5'0" feet tall and, by the way, she also has dementia. Mrs. Cleary scoots around the facility in her wheelchair, using her left foot to propel herself. Her right leg is amputated above the knee. When staff members attempt to reposition her, she refuses and says, "Leave me alone, will ya"? She eats small amounts of finger foods, spits out most of her pills, and is hard to slow down because of her activity level. Prior to her residence at the nursing home, she was an avid gardener and enjoyed spending time in the park.

Show the Pathway to Transformation slide from institutional to individualized care:



Ask each group, using the Pressure Ulcer Case Study Worksheet, to identify how they could individualize care in each of the six risk factor areas to prevent Mrs. Cleary from developing a pressure ulcer.

Pressure Ulcer Case Study Worksheet

Clinical Key to Healthy Skin	Individualized Strategies to Promote Well-being
Sensory Perception	
Moisture	
Physical Activity	
Mobility	
Nutrition	
Friction and Sheer	

Discussion: When we individualize care we are able to prevent pressure ulcers by promoting resident well-being. Institutional schedules and care delivery systems actually limit our options. Individualized schedules and care delivery systems allow us to tailor-make our clinical approaches. Individualized strategies have the greatest likelihood of success because they are consistent with the resident's own natural patterns for daily living.

Section 3 – Making it Happen – Barriers and Strategies

Participatory Management: Everyone Has Clues

Description: This exercise is an experience in working better by working together. We are better able to figure out what needs to be done when we hear from the people most directly affected. People can share information they have about what is working and not working and what can be done about it. They can share ways of looking at the situation, perspectives and judgment that helps in understanding what is happening and what needs to happen. When we skip over the inclusive decision-making process, we invariably leave out crucial information and perspectives and are far less likely to succeed.

Logistical Instructions: Explain that it can be beneficial when exploring group process to take the topic out of the context of daily work so that people don't get bogged down in the particulars and can freely explore the process of working together. This exercise is a murder mystery.

People should work in groups of 3 - 5 people. Give each small group two envelopes. One envelope holds 22 clues, each on a separate piece of paper. The second envelope holds the answer to the mystery, Instruct groups to work as a team to try to figure out the answers to: Who committed the murder, why, how, where, and when. When everyone in the group feels satisfied with the answers, the group may look at the answer and see if they got it right. Tell people to deal out the clues like cards to the participants in their group and begin their work to solve the mystery. This should take 10 - 15 minutes.

As each group finishes their work, ask them to talk together about their group process, how they worked together and what was key to their success. When all the groups are done, lead a general discussion about what was key to each group's success in working together.

Discussion: When we are trying to solve a problem, we need to make sure we have all the information, organize what we know so that we can look at it in a systematic way, and then benefit from everyone's input in analyzing the information and identifying solutions. In our efforts to transform our care delivery systems, our staff and residents have information and perspectives essential to the success of the change process. All the practitioners who share their experiences in this broadcast talked things through thoroughly with their staff to determine how to make the changes. This was key to their success.

Mystery Clues:

Mr. Thompson had virtually wiped out Mr. Barton's business by stealing his customers.	Mr. Thompson's blood type was found on the carpet outside Mr. Barton's apartment.	Mrs. Scott did not see Mr. Thompson leave through the lobby while she was waiting.
Mr. Thompson had been dead for about an hour when his body was found, according to the medical examiner.	When he was discovered dead, Mr. Thompson had a bullet wound in his calf and a knife wound in his back.	Mrs. Scott's husband did not appear in the lobby at 12:30 a.m., the end of his normal working hours. She had to return home alone and he arrived later.
Mr. Thompson's body was found in the park.	Mr. Thompson's body was found at 1:20 a.m.	There were bloodstains in the elevator.
Mrs. Scott had been waiting in the lobby for her husband to get off work.	The bullet taken from Mr. Thompson's calf matched the gun owned by Mr. Barton.	Bloodstains corresponding to Mr. Thompson's blood type were found in the basement parking garage.
Only one bullet had been fired from Mr. Barton's gun.	Mrs. Scott's husband had been jealous of the friendship.	Mr. Barton shot at an intruder in his apartment building at midnight.
A knife found in the parking garage had been wiped clean of fingerprints.	Mrs. Scott had been a good friend of Mr. Thompson and had often visited his apartment.	The elevator operator reported to police that he saw Mr. Thompson at 12:15 a.m.
Police were unable to locate Mr. Barton after the murder.	The elevator man went off duty at 12:30 a.m.	The elevator man said Mr. Thompson did not seem too badly hurt.
At 12:45 a.m. Mrs. Scott could not find her husband or the family car in the basement parking lot of the apartment building where he worked.	Answer: After receiving a superficial gunshot wound from Mr. Barton, Mr. Thompson stepped on the elevator and was killed by Mr. Scott, the elevator operator, with a knife at 12:30 a.m. because Mr. Scott was jealous.	



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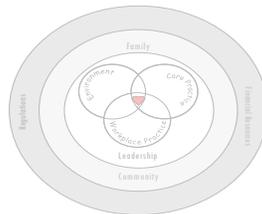
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