



High Performance Leadership: Doing Better Together Part 1

**November 7, 2019
Cathie Brady & Barbara Frank
B&F Consulting**

Receiving Intimate Care is Emotionally Difficult

*How Care is Provided
Really Matters*

Surveyor Resident and Staff Interviews

*Choices over schedules to include:
waking, eating, bathing, and going to
bed at night, as well as health care
schedules*

Facility must:

- Actively seek information
- Be “pro-active” in assisting residents to fulfill their choices
- Make residents’ choices known to caregivers

CNAs ask five simple questions within an hour of a new person's arrival:

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

As a result:

1. Fewer family complaints
2. Fewer rehospitalizations
3. Fewer missed therapy sessions
4. Better resident satisfaction from Day One

30% of rehospitalizations of nursing home residents occur for residents who have been in the nursing home for less than 7 days!

ALL ABOUT ME!

NAME:

HOMETOWN:

FAMILY:

JOB/CAREER:

MILITARY (BRANCH, ENLISTED JOB, WARTIME, WHAT WAR, POW/MIA):

ACCOMPLISHMENTS/ AWARDS/ HONORS:

HOBBIES/INTERESTS:

FAVORITE ANIMALS:

FAVORITE SPORTS/TEAMS:

CURRENT ACTIVITIES INVOLVED IN:

OTHER:



High Performance Leadership: Doing Better Together Part 2

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Building Relationships

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

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

Relationships Determine Outcomes: People Paradigm

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

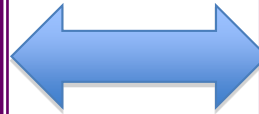
Dimensions of Relational Coordination

Interdisciplinary ~ Interdepartmental

Across Shifts and Days

Communication

- Frequent
- Timely
- Accurate
- Problem-solving



Relationship

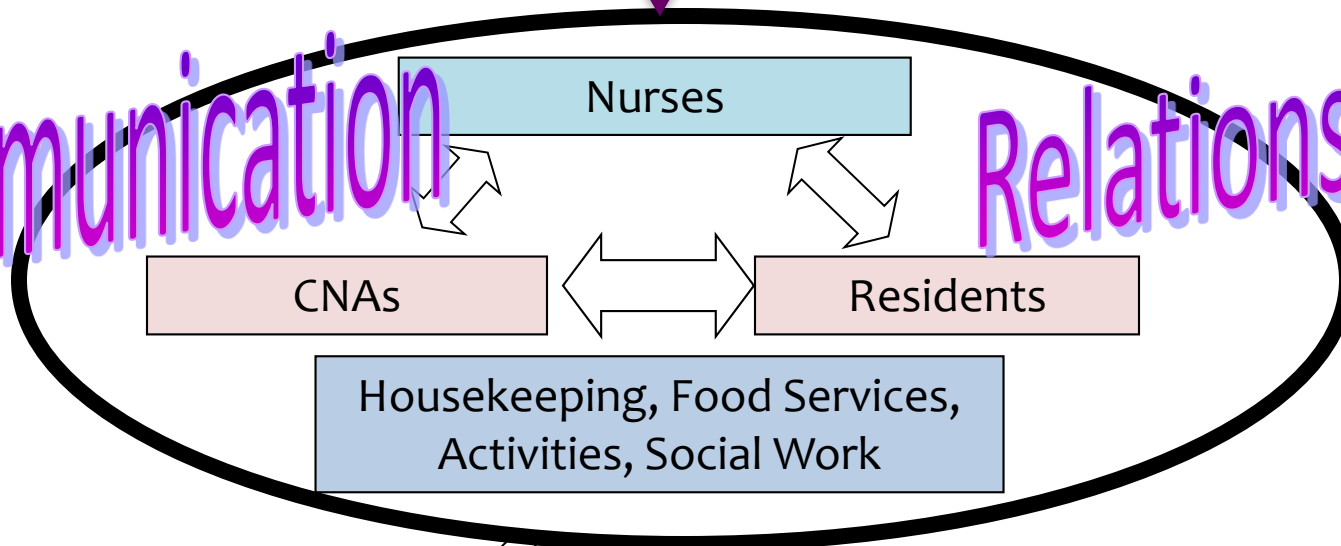
- Shared Goals
- Shared Knowledge
- Mutual Respect

Eaton, Bishop, Gittel

Relationships Closest to the Resident Matter Most

Interdisciplinary and
Interdepartmental Collaboration
within and across units and shifts

Communication Relationships



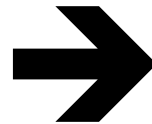
Eaton, Bishop, Gittell

Quality of work

Quality of care

Watch List Huddles

From Conference Room to Huddle



From Reactive to Proactive

Creating your Watch List

- Who are you worried about?
 - Fragile, complex
- Who are your staff worried about?
 - Emergent issues, early warning signs
- Which residents are triggering for QMs?
- Who are your newly admitted residents?
- Who's about to go home?

What situations warrant being put on the Watch List?

- What are some conditions or treatments that require watching, teamwork, escalating care?
- Examples:
 - Falls
 - Coumadin
 - During high pollen times, who has respiratory issues
 - Newly admitted residents; or just back from the hospital
 - Anyone with change in condition or mentation
 - Anyone you're changing meds on
 - Actively dying
 - Anyone triggering for multiple quality measures

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.

<http://www.pathway-interact.com>

- 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

Check here if no change noted while monitoring high risk patient

Characteristics of the Watch List

- A watch list should be kept to a manageable size of 3-8 residents
- A watch list is a “fluid list” that changes all the time

Components of a Front-line Watch List Huddle

- 10-15 minutes
- Conducted daily (Ideally)
- Huddle participants should include:
 - CNAs and front-line nurses
 - Housekeeping
 - Unit Managers
 - IDT members – Social work, Recreation Therapy, Food and Nutrition Services, PT/OT
 - Physicians and Nurse Practitioners when here

Discuss Each Watch List Resident

Just in Time Teaching

- What concerns you about this resident's status/situation?
- What should staff look out for?
- What should staff do?
- What should staff let other staff know about?

Updates on test results, action items, how residents are doing

In your huddles
Use what works!

Focusing on what works is called

Positive Deviance

aka Bright Spots

Watch List Huddles work when you combine:

The best clinical information from your clinical leadership with the intimate day to day knowledge of residents that comes from the staff who work the closest with them

Use what staff know

*When you use what staff know,
you are telling your staff that
what they know is important.*

And it is.

*It's not just what you do
but **HOW** you do it*

Facilitation of Huddle

- In the beginning the facilitator needs to be in a leadership position (DoN and/or unit manager)
- However the goal is to train frontline nurses to lead the huddles
- Mentor nurses. Provide support and feedback.

**Good huddles depend on
good facilitation.**

Facilitation is a skill.

Huddle Facilitation Skills

- Be on time
- Keep it short
- **Hear from everyone** (*“you work with him everyday, what do you see?”; use go-rounds*)
- Probe (“tell me more”)
- Be the guardian of the process
- Redirect diversions (don’t chase the rabbit)
- Appreciate relevant information

Internal Processors

External Processors

**In a Go-Round
ask everyone for input**

Generate CRITICAL THINKING

Enhanced ~ Expansive ~ Analytical Thinking

Two Central Activities:

Identify and challenge our assumptions

Explore and imagine options and act on them

Developing Critical Thinking as an Organizational Norm

- **Welcome ideas**
- **Appreciate divergent viewpoints**
- **Make it safe to be challenged**
- **Routinely seek participation when making decisions**

Jim Collins

Four key practices:

- Lead with questions, not answers
- Engage in dialogue and debate, not coercion
- Conduct autopsies without blame
- Build “red flag” mechanisms

Jim Collins

Keys to Successful Implementation

- Finding the right time
- Keeping notes
- Using critical thinking
- Consistent assignment
- Avoiding “premature closure”
- Having an action plan
- Follow-up and support

Watch List Huddle

These huddles will take longer in the beginning, because you have a lot of information to share.

As you have these huddles regularly, they will take less time, because not everyone will be new to the list.

Also you will *all* get better at doing it.

A LONG-TERM
CARE LEADER'S
GUIDE TO
HIGH PERFORMANCE

Doing Better Together

CATHIE BRADY
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MEETING THE
LEADERSHIP
CHALLENGE
IN
LONG-TERM CARE

What You Do Matters

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