

Antipsychotic Initiative Rounding Tool

Team rounding is a process where team members or leaders (e.g., administrator, department heads, and nurse managers) are out in the building with staff and residents, talking with them directly about care and services provided in the organization including quality improvement initiatives. Rounding with staff and residents is an effective method to observe and hear firsthand what is going well and what issues need to be addressed related to the organization's antipsychotic medication reduction improvement initiative. This tool can be used to guide your rounds to monitor the progress of this quality initiative.

TIPS FOR USING THIS TOOL

- · Identify which leader(s) will conduct rounds.
- Determine how frequently will rounds take place. (include all three shifts and weekends)
- Identify the questions you want to ask. What do you want to observe or learn? (See sample questions below.) Include questions around barriers and concerns that employees have already identified to gather input on solutions.
- Look for patterns with prescribing, GDR, diagnosis, anything additional?
- · Conduct rounds as planned, maintaining a positive tone,

- building relationships with staff by taking the time to listen and respond to employees' and residents' needs.
- Ask questions and document key points. (see rounding form on next page).
- · When employees raise issues or ask for help, assure them you will follow up.
- Follow up on previous issues or requests —share with staff how the issues were addressed or resolved.
- Provide positive feedback and just in time recognition of best practices by staff, excellence in action.

POST ROUNDING ACTION STEPS

- 1. Identify frequently noted issues/themes and look for patterns.
- **2.** Prioritize issues by level of urgency and potential for rapid improvement.
- **3.** Communicate follow-up to show responsiveness to the issues raised (this may involve following up with employees individually).
- **4.** Develop positive feedback and recognition strategies for observed best practices.
- 5. Identify training or coaching opportunities for employees and/or units.

ROUNDING FORM	
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PERSON CONDUCTING ROUNDS:	_ DATE:	UNIT(S):
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Observations and Questions for rounding team to ask staff (include any qualitative and quantitative information obtained).

QUESTIONS TO CONSIDER	NOTES	RESOURCES TO ASSIST
Environmental Observations: noise level and sleep interruptions, resident choices, call bell answered promptly, roommate interactions, pain management, etc.		DREAM Toolkit: https://nursinghomehelp.org/educational/developing-a-restful-envi-ronment-action-manual-dream-toolkit/ Comfort Menu: https://www.alliantquality.org/wp-content/uploads/2020/10/AlliantQuality_ComfortMenu-12SOW-AHSQIN-QIO-T01-20-94_508.pdf Call bell resource: https://resources.planetree.org/wp-content/uploads/2018/06/No-Pass-Zone-Quality-Checking-Tool.pdf
Are you aware of our antipsychotic medication reduction initiative? If so, what is going well around this initiative or this aspect of care or service? What evidence do you see of success?		National Partnership to Improve Dementia Care in Nursing Homes: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/National-Partnership-to-Improve-Dementia-Care-in-Nursing-Homes FDA Usages of Antipsychotics: https://www.fda.gov/drugs/postmarket-drug-safety-information-pa-tients-and-providers/atypical-antipsychotic-drugs-information Resource for Antipsychotic Reduction: https://paltc.org/drive2deprescribe
Do you understand what is meant by personcentered, non-pharmacologic interventions? Do you feel empowered to share personcentered interventions about your resident(s) with the care plan team? Do you know where to find person-centered, non-pharmacologic interventions for the resident(s) you provide care to? What additional resources, tools or equipment would be helpful?		Alliant Quality Learning Action Network Events: https://www.alliantquality.org/virtual-educational-events/ The Pioneer Network: https://www.pioneernetwork.net/
What is frustrating you with the work around this initiative or this aspect of care or service that we haven't discussed?		

What barriers/issues do you see threatening this initiative or aspect of care or service? How should they be addressed?	
Are there any team members who could be helped through coaching/training to make this initiative or aspect of care or service more successful?	CMS resources to support staff stability: https://qioprogram.org/search/node?keys=support+staff https://example.com/search/node?keys=support+staff https://example.com/search/node?keys=support-staff https://example.com/search/node?keys=support-staff https://example.com/search/node?keys=support-staff https://example.com/search/node?keys=support-staff https://
What is your trauma supported care definition? How do you recognize trauma in the residents? What are the next steps if trauma is identified in your resident?	CMS Trauma Informed Care Resources: https://qioprogram.org/sites/default/files/2021-03/Trauma_Informed_Care_Resources_20190612_508.pdf
Are there any team members who deserve special recognition for their efforts on this initiative or this aspect of care or service? Are there any colleagues that could be identified as mentors or coaches?	

ADDITIONAL QUESTIONS AND NOTES:

