

Nursing Home Readmissions Affinity Group Session #9: Communication and Trust Pillars of A Patient Safety Culture



Presented By:

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QUALITY IMPROVEMENT SPECIALIST

Danyce Seney is a quality improvement specialist and registered nurse with certifications in Lean, Infection Control Preventionist and Educator for Adult Learners.

Danyce supports skilled nursing facilities in utilizing a quality improvement framework to implement evidence-based interventions and strategies to improve patient safety, immunization rates and reduce avoidable readmissions.

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Amy Daly, MA, NHA

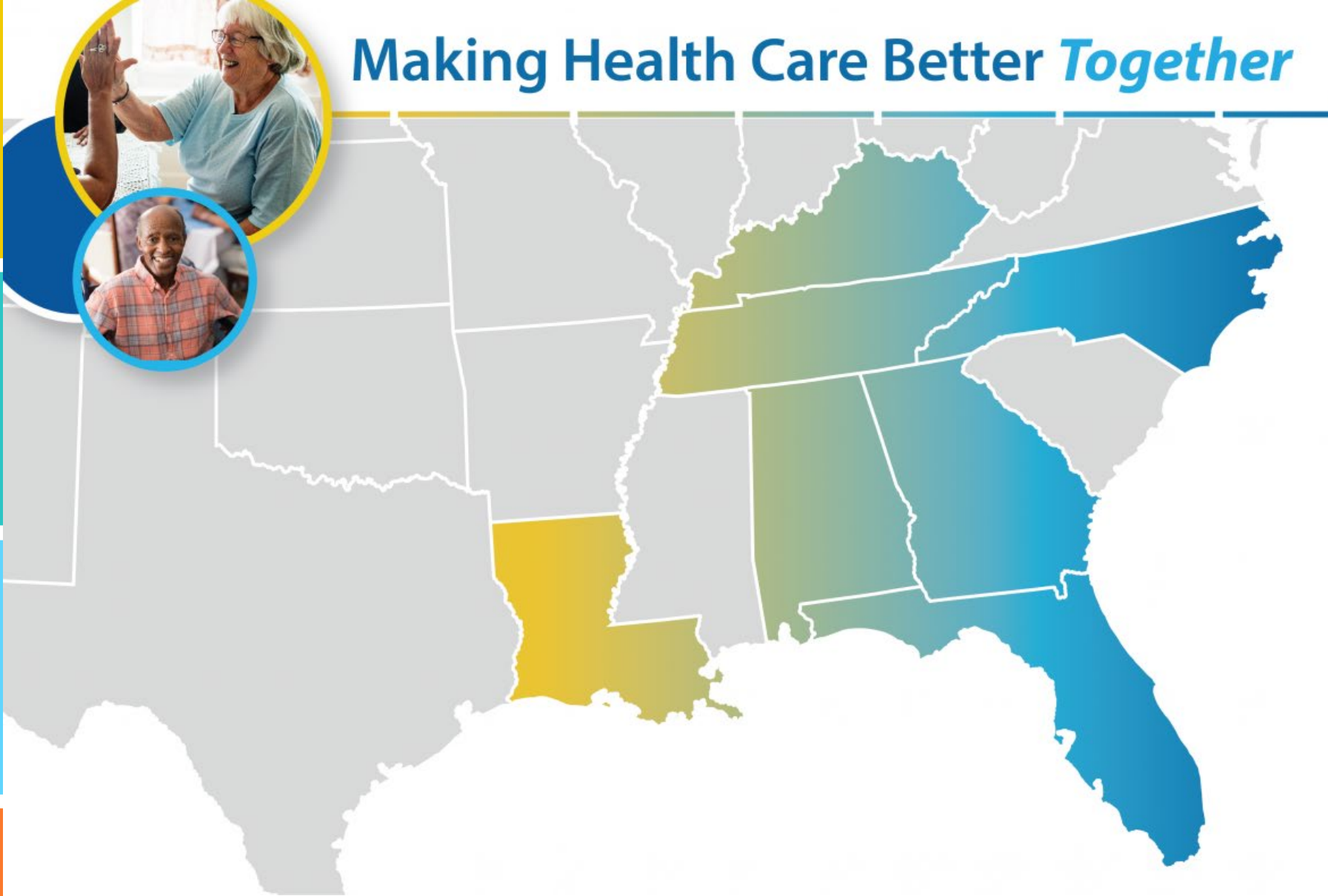
SENIOR QUALITY IMPROVEMENT SPECIALIST

Amy Daly is a licensed nursing home administrator with over 20 years of leadership and long-term care management experience. In addition to her work as a vice president of long-term care and facility administrator, Amy has served on the boards of the Genesee Health Facilities Association (as treasurer and education committee member) and the Genesee Health Facilities Foundation. Amy serves as a New York State Department of Health Informal Dispute Resolution (IDR) panel member and has been an adjunct clinical instructor of dental hygiene at Monroe Community College. Amy has a master's degree in health promotion and a bachelor's degree in health sciences.

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Making Health Care Better *Together*



About Alliant Health Solutions

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Prior Sessions

Session	Focus Area	Recording and Materials
1	Facility Capabilities and Impact on Admissions, Re-Admissions, ED Visits	A Fresh Look at Best Practices to Reduce Readmissions: Facility Capabilities and Impact on Admissions, Re-Admissions and ED Visits - Session 1 - NQIIC (allianthealth.org)
2	Detecting and Communicating Changes in the Condition	Detecting and Communicating Change of Condition - Session 2 - NQIIC (allianthealth.org)
3	Clinical Decision Support Tools and Advanced Care Planning	Clinical Decision Support Tools and Advance Planning: Engaging the Patient and Care Partner - Session 3 - NQIIC (allianthealth.org)
4	Assessing Readmission Risk	Nursing Home Readmission Affinity Group Session 4: Managing Readmission Risk - NQIIC (allianthealth.org)
5	Engaging the Interdisciplinary Team	Nursing Home Readmission Affinity Group Session 5: Engaging the Interdisciplinary Team - NQIIC (allianthealth.org)
6	Engaging Patients and Care Partners	Nursing Home Readmission Affinity Group Session 6: Engaging the Patient and Care Partner - NQIIC (allianthealth.org)
7	Communicating Across the Care Continuum	Nursing Home Readmissions Affinity Group Session 7: Communicating Across the Care Continuum - NQIIC (allianthealth.org)
8	Leveraging Nurse-Medical Provider Communication to Reduce Avoidable Rehospitalization and ED Visits	Nursing Home Readmission Affinity Group - Session 8: Leveraging Nurse-Medical Provider Communication to Reduce Avoidable Rehospitalization and ED Visits - NQIIC (allianthealth.org)

Learning Objectives

- Identify new ways to use Situation, Background, Assessment, Recommendation (SBAR) to communicate effectively with the team, patients and care partners.
- Develop a small test of change using the Plan, Do, Study, Act (PDSA) Principle with the implementation of the SBAR tool.
- Identify strategies for the sustainability of SBAR within their clinical environment.

SBAR Basics

S = Situation (a concise statement of the problem)

B = Background (pertinent and brief information related to the situation)

A = Assessment (analysis and considerations of options—what you found/think)

R = Recommendation (action requested/recommended—what you want)

- SBAR allows for an easy and focused way to set expectations for what will be communicated.
- SBAR is a method of structured communication that provides information and reduces redundancy as well as the need for questions.
- SBAR allows for enhanced communication which is essential for developing teamwork and fostering a culture of patient safety.

“Effective Team Communication is the Bedrock for Safer Care.”

G. Ross Baker, PhD

Where We Are, Where We Want To Be



[TeamSTEPPS: Long Term Care - No SBAR](#)



[TeamSTEPPS: SBAR \(Long-Term Care\) - YouTube](#)

[TeamSteps YouTube Videos](#)

SBAR as the Facility Language

- Care conferences
- Internal communication about a grievance
- Team discussion of diet and consistency changes
- Frontline staff reporting of Stop and Watch observations
- Interdisciplinary discussions around recommendations for assist level or adaptive devices



Everyone Can Use SBAR



[AHRQ Patient Safety: Staff Communication](https://youtu.be/eL3woSFbsW4)

<https://youtu.be/eL3woSFbsW4>



[AHRQ Patient Safety: Engaging the Family](https://www.youtube.com/watch?v=U3gyL_p7FyA)

https://www.youtube.com/watch?v=U3gyL_p7FyA

Engaging Patients and Families in SBAR Communications

TEAM UP

- The TEAM UP brochure offers a starting point for engaging patients as part of a care team.
- Specifically, TEAM UP is a simple mechanism for patients to understand the types of actions and questions they should initiate to optimize their care.
- The guidance offered through the TEAM UP brochure is summarized in the following table.

Team Together - TEAM UP with the members of your care team and get involved in the decisions that affect you.

Educate Yourself - While getting care, you may interact with many people—each with their own role in delivering your care.

Ask Questions - Make sure you can answer these questions...

- Can I **Identify** my Situation or what is going on with my care now?
- What **Background** information do I need to understand the situation?
- What is the **Assessment** or the options to consider?
- Do I know what my care team's **Recommendations** are for the next steps?

Manage Your Medications - To receive the full benefits of your medications, you should understand what each medication is and what it is prescribed for, as well as any possible side effects.

Understand Changes in the Game Plan - Make sure you're fully aware of how the plan has changed, why it has changed, and what your role is now.

Provide Your Perspective - When something doesn't feel right, you should tell the members of your care team. The more they know, the more they can help.

[Request the TEAM UP Brochure](#)



[TEAM UP | Health.mil](https://www.health.mil/TEAMUP)





Team Together

TEAM UP with the members of your care team and get involved in the decisions that affect you.

Your first steps ...

- Recognize the importance of your role on your own care team and choose to be an active member.
- Invite family, friends, or persons close to you to be members of your care team too.
- Read this pamphlet and follow the TEAM UP steps to get more involved in your health care—Now!



Educate Yourself

While getting care, you may interact with many people—each with their own role in delivering your care.

Make it your business to keep track of things ...

- Ask members of your care team to repeat their names and to explain their roles.
- Know what the course of treatment is for your care. Think of it as a game plan designed just for you and make sure you understand the plan and your role in it.
- Write it all down.

Physician _____

Nurse _____



Ask Questions

Make sure you can answer these questions ...

- Can I identify my Situation or what is going on with my care now?
- What Background information do I need to understand the situation?
- What is the Assessment or the options to consider?
- Do I know what my care team's Recommendations are for the next steps?



Manage your Medications

To receive the full benefits of your medications, you should understand what each medication is and what it is prescribed for, as well as any possible side effects.

Follow these steps ...

- Give the care team a list of medications that you take and when you take them—don't forget to include over-the-counter medications and herbal remedies.
- Write down newly prescribed medications and why each is ordered for you.
- Read each medication's label carefully.
- Alert the care team immediately if a medication label does not match what was prescribed.



U Understand Changes in the Game Plan

Make sure you're fully aware of how the plan has changed, why it has changed, and what your role is now.

Here's how ...

- Listen to your care team's explanations of how the game plan has changed and why.
- Ask questions about the new game plan and your role in it.
- Repeat the new game plan back to the care team to make sure you didn't misunderstand. Your care team should confirm that your understanding is correct.



P Provide your Perspective

When something doesn't feel right, you should tell the members of your care team. The more they know, the more they can help.

Keep them informed ...

- Share all information, even things that seem incidental, with your care team.
- Raise concerns immediately.
- Repeat the concern again at least once, and include: the Concern; why it makes you Uncomfortable; how it may be a Safety issue.

Your TEAM UP Checklist

Team Together

- ☐ Choose to be an active member of your care team.
- ☐ Invite persons close to you to be members.
- ☐ Follow the TEAM UP steps.

Educate Yourself

- ☐ Ask members of your care team to repeat their names and explain their roles.
- ☐ Know the plan for treatment and your role in it.
- ☐ Write it all down.

Ask Questions

- ☐ Situation: What is going on with my care now?
- ☐ Background: What information do I need to understand the situation?
- ☐ Assessment: What are the options to consider?
- ☐ Recommendations: What is going to be done?

Manage your Medications

- ☐ Provide a list of medications (*prescriptions, over-the-counter, and herbal remedies*).
- ☐ Write down what medications are prescribed and why.
- ☐ Read each medication's label carefully.
- ☐ Alert the care team if a medication label does not match what was prescribed.

Understand Changes in the Game Plan

- ☐ Listen to how the game plan has changed.
- ☐ Ask questions.
- ☐ Repeat the new game plan back to the care team.

Provide your Perspective

- ☐ Share all your feelings with your care team.
- ☐ Raise concerns immediately.
- ☐ Repeat the concern and include: the Concern; why it makes you Uncomfortable; how it may be a Safety issue.

For more information about how you can actively participate in your healthcare, talk to your care team today or check online at: <http://www.health.mil/dodpatientsafety>

TEAM UP is a patient engagement effort funded by the Department of Defense (DoD) Patient Safety Program as part of its TeamSTEPS initiative. TeamSTEPS (Team Strategies & Tools to Enhance Performance & Patient Safety) was developed by the DoD Patient Safety Program in collaboration with the Agency for Healthcare Research and Quality (AHRQ). (<http://teamsteps.ahrq.gov>).

The goal of TeamSTEPS is to produce highly effective medical teams that optimize the use of information, people, and resources to achieve the best clinical outcomes for their patients.



Patient Safety

Be an active member of your healthcare team



Department of Defense Patient Safety Program

PS711A.T02111

Everyone Can Use SBAR



SBAR COMMUNICATION TECHNIQUE FOR PATIENTS & ADVOCATES

Situation

I AM _____ (state your name).
I AM THE _____ (relative, advocate, friend, Medical Power of Attorney) for _____ (state patient's name).
I AM CONCERNED ABOUT _____.

Background

THE PATIENT CAME TO THE HOSPITAL BECAUSE _____.
THE PATIENT'S DIAGNOSIS IS _____ or is unknown at this time.
THE PATIENT'S PHYSICAL OR MENTAL LIMITATIONS ARE _____.
(Examples: dementia, hearing loss, difficulty walking, unable to communicate, language barriers)
THE PATIENT IS _____.
(Examples: on oxygen, receiving new medications, having procedures or surgery, awaiting test results)

Assessment

NEW SYMPTOMS I have noticed are _____.
WHAT HAS CHANGED in the patient's condition is _____.
(Examples: pain level, vital signs (blood pressure, temperature, pulse), breathing, mental status, color of skin, sweating, agitation, dizziness, lack of energy)
THE PATIENT SEEMS TO BE _____.
(Examples: stable, unstable, declining or deteriorating, in serious trouble)

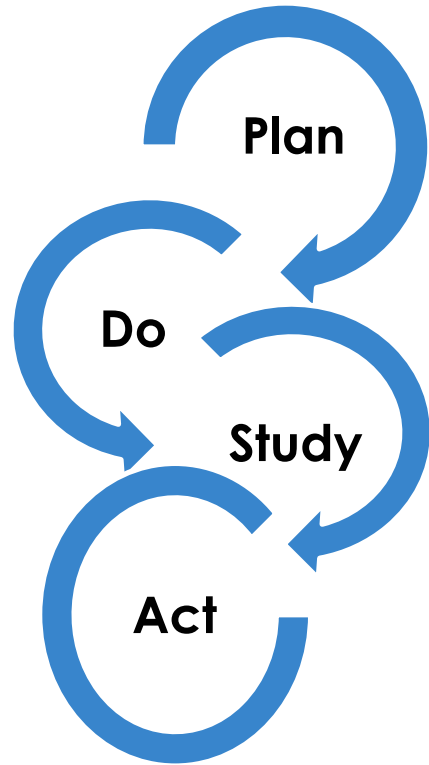
Request

I WOULD LIKE TO DISCUSS THE FOLLOWING POSSIBLE ACTIONS: _____.
(Examples: consultation/evaluation, a second opinion, calling the Attending Physician, scheduling a family meeting, additional tests or monitoring, transfer to another unit or facility)
IF A CHANGE IS ORDERED, how and when should I contact you if there is no improvement? _____.

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- Easy to use
- Patient acquires skills
- Builds confidence
- Organizes and concise
- Saves time
- Reduces stress
- Improves communication

Plan Do Study Act (PDSA) Principle




- **PDSA** – A simple systematic way to begin or test a process.
- **Single Step** – Each PDSA often contains only a segment or single step of the entire tool implementation.
- **Short Duration** – Each PDSA cycle should be as brief as possible for you to learn whether it is working or not (some can be as short as one hour).
- **Small Sample Size** – A PDSA will likely involve only a portion of the nursing staff (maybe one or two nurses). Once feedback is obtained and the process refined, the implementation can be broadened to include the whole practice.

Create a Culture of Structured Communication

- Ways to do this:
 - Traditional PDSA or create a communication campaign
 - Education morning meeting team
 - Challenge everyone to have one conversation in SBAR
 - Come back to discuss
 - Have physicians get involved to share who gave them the best SBAR of the week
- Discuss how you can build energy around the campaign, what you can give away and the ultimate grand prize.
- Have departments challenge each other to see how many SBAR conversations they can have in a day.
 - The team identifies the SBAR communication they want to implement.
- Decide to use the Plan Do Study Act (PDSA) with the SBAR as a small test of change to determine if this tool will work for them.

This is modeled from example from AHRQ
<https://www.ahrq.gov/health-literacy/improve/precautions/tool2b.html>

Sample PDSA – Plan



Quality Improvement Initiative (QII) PDSA Worksheet

Facility Name: _____

CCN: _____ Date: _____

Plan/Goal Setting: Describe the Problem to be Solved	
State the problem. ex. who, what when, where, and how long	<i>Incidences of physician complaints to DON about the quality of information shared during change of condition calls have increased over the last three months. Readmissions/ED visits rising also increased during this period.</i>
PIP Category	<i>Readmissions/ED Visits</i>
What exactly will be done? e.g., initial intervention(s), expected outcome for each intervention, goal(s), and expected overall outcome goal rate in a percentage format	<i>Utilize this section to plan your facility-specific tests (e.g., SBAR notepads by telephones), for adding units (departments), and how you will communicate the initiative to staff and provide SBAR training.</i> Planning Checklist: <ul style="list-style-type: none"> Engage nursing and physician leadership and secure commitment to active, high-visibility participation. Identify the unit most likely to actively engage and become initiative champions. Identify SBAR tools your team will use (derived from your EHR, Interact® or facility-developed template). Create educational materials (consider initial training, notepads, stickers, and awards for best SBARs). Identify or create a methodology for competency assessment. Identify key milestones and recognition strategy (e.g., on-the-spot recognition/awards, recognition for best SBAR of the week or Physician identified best SBAR).
What do we want to accomplish/ what idea do you want to test? Identify the goal and estimated timeframe for resolution	Accomplish: Reduce readmissions and improve physician satisfaction with nurse/physician communication. Test Idea: Embedding SBAR as the standard for communicating all changes in condition communication between nurses and physicians will reduce readmissions/ED visits and improve physician satisfaction with nurse/physician communication. What is our goal to reach for compliance (100% compliance with observed elements)? Examples: 1. 100% of the change in condition calls to physicians will utilize the SBAR format within 90 days. 2. 100% of facility RNs will demonstrate competency in utilizing SBAR within 90 days.

Aim for a quick uptake by delivering a focused training campaign aimed at as many people as possible over a defined time period.

Having a training pack readily available enables you to take advantage of training opportunities as and when they occur – especially important in busy departments.

https://quality.allianthealth.org/wp-content/uploads/2023/07/SBAR-PDSA-Worksheet-FINAL_508.pdf

Sample PDSA — Action Steps

DO: Intervention/Improvements:			STUDY Results	Act
Sample Action Steps	Start Date	Person Responsible	Analyze Impact of Action in Reaching Goal	Outcome Decisions and Date
<p>Meet with Nursing and Physician leadership to plan and secure engagement.</p> <p>Tips: Include in Agenda:</p> <ul style="list-style-type: none"> Review the problem statement, goal, and aim. Select the SBAR tool for test. Select 1st Unit. Establish timeline. <ul style="list-style-type: none"> Education Initial test(s) 		Admin/DON	Obtaining consensus will positively impact the ability to achieve goal. The medical director will work with all attending physicians to (1) ask for SBAR and encourage sharing both positive and constructive feedback and (2) inform their on-call teams of the initiative.	<input type="checkbox"/> Adopt and spread actions to all appropriate work units and or shifts <input type="checkbox"/> Adapt and detail changes in new action steps <input type="checkbox"/> Abandon and develop new action steps
<p>Educate team on initiative.</p> <p>Tips: Include in education action steps:</p> <ul style="list-style-type: none"> Overall high-level education of all staff. Focused education on SBAR tool for staff on 1st Unit for test. Educate physician staff on preferred approach when receiving change of condition calls, process if SBAR is not used, and recognition of great SBARs. 		DON/Nurse Educator/ Medical Director	<p>Example of findings and adapting:</p> <p>One physician with a lot of patients in identified unit is resistant to participation, stating not their role to coach nursing staff. Team huddles and selects an alternate unit with a supportive physician.</p>	<input type="checkbox"/> Adopt and spread actions to all appropriate work units and or shifts <input type="checkbox"/> Adapt and detail changes in new action steps <input type="checkbox"/> Abandon and develop new action steps
<p>Start test on 1st Unit.</p> <p>Tips:</p> <ul style="list-style-type: none"> Start with one nurse, one shift. Determine subsequent cycles, e.g., expand to additional shift, expand to the second unit. Gather feedback after each cycle. 		Unit Manager(s)	<p>Examples of feedback and adapting:</p> <p>Physician feedback on initial cycles is that nurses seemed hesitant to share recommendations (R). DON and Nurse Educator collaborate to strengthen education in this section.</p>	<input type="checkbox"/> Adopt and spread actions to all appropriate work units and or shifts <input checked="" type="checkbox"/> Adapt and detail changes in new action steps <input type="checkbox"/> Abandon and develop new action steps
<p>Adopt and spread actions to all appropriate work units and or shifts.</p> <p>Tips:</p> <ul style="list-style-type: none"> Recognize quality SBARs. Monitor readmission trends. Obtain ongoing physician feedback. Embed into orientation and ongoing competency assessment processes. 		DON, Unit Managers, Staff Educator, Medical Director	Staff appreciation of recognition from physicians and nursing leaders is helping build nurse confidence and enthusiasm for the initiative.	<input checked="" type="checkbox"/> Adopt and spread actions to all appropriate work units and or shifts <input type="checkbox"/> Adapt and detail changes in new action steps <input type="checkbox"/> Abandon and develop new action steps

Don't lose momentum – you risk losing the interest and enthusiasm of staff early.

Be creative – set up a friendly competition among departments or units. Have prizes available or use peer evaluation to engage staff in keeping each other accountable.

“Let's Talk SBAR”

Take Credit for Your Work!

- Implement a process evaluation that aims to obtain qualitative and quantitative data to determine how teams are using the structured communication tool.
 - Evaluation can include:
 - Questions:
 - » Have you used SBAR or a structured communication process this week?
 - If yes, how many times have you used it?
 - » In what situations have you used the SBAR process, and with what discipline?
 - » How useful was the SBAR process in communicating with patients or team members?
 - » How do you perceive the response of the person listening to you when you use SBAR?
- **Present and monitor in Quality Improvement Performance improvement meetings**

Use Tomorrow

- Observe the communications between staff and have staff do peer observations.



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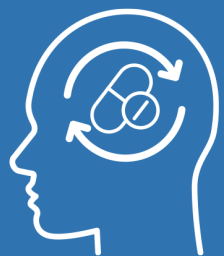


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Questions?



Nursing Home and Partnership for Community Health: CMS 12th SOW GOALS



OPIOID UTILIZATION AND MISUSE

- Promote opioid best practices
-
- Reduce opioid adverse drug events in all settings



PATIENT SAFETY

- Reduce hospitalizations due to c. diff
-
- Reduce adverse drug events
-
- Reduce facility acquired infections



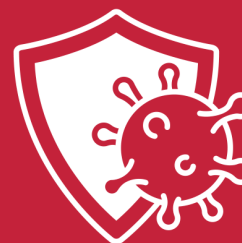
CHRONIC DISEASE SELF- MANAGEMENT

- Increase instances of adequately diagnosed and controlled hypertension
-
- Increase use of cardiac rehabilitation programs
-
- Reduce instances of uncontrolled diabetes
-
- Identify patients at high-risk for kidney disease and improve outcomes



CARE COORDINATION

- Convene community coalitions
-
- Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits
-
- Identify and promote optimal care for super utilizers



COVID-19

- Support nursing homes by establishing a safe visitor policy and cohort plan
-
- Provide virtual events to support infection control and prevention
-
- Support nursing homes and community coalitions with emergency preparedness plans



IMMUNIZATION

- Increase influenza, pneumococcal, and COVID-19 vaccination rates



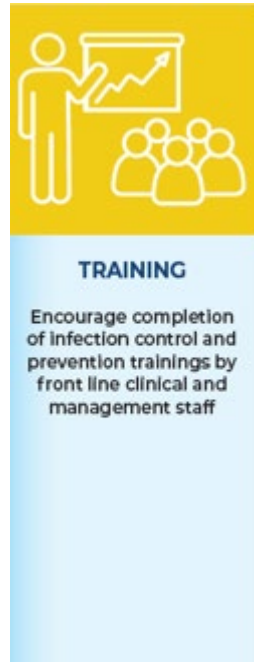
TRAINING

- Encourage completion of infection control and prevention trainings by front line clinical and management staff

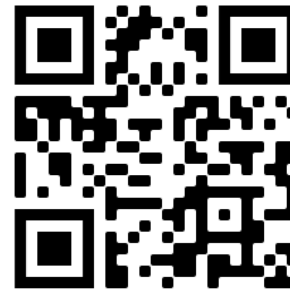
Scan the QR codes or Click the Links to Complete the Assessments!

CMS requested Alliant Health Solutions, your QIN-QIO, to work with select nursing homes to understand emerging healthcare needs in nursing homes. Alliant Health Solutions is engaging nursing home leadership in this key area to ensure plans are in place to achieve and maintain health quality and equity!

Please scan the QR code below and complete the assessment.

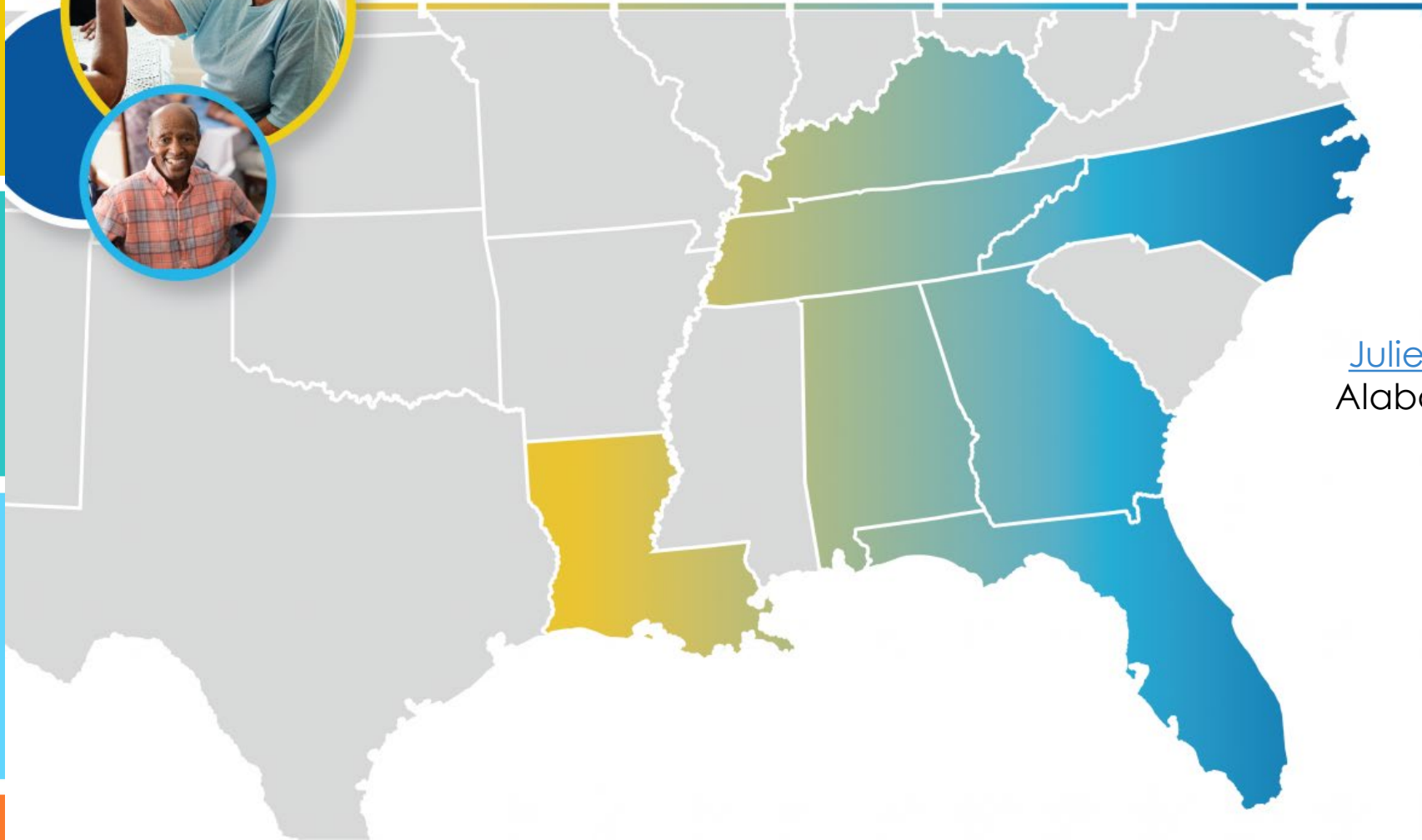


Nursing Home Infection Prevention (NHIP) Initiative Training Assessment



<https://bit.ly/NHIPAssessment>

Making Health Care Better *Together*



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