



# Toolkit for Better Staff Communication to Improve Patient Care

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CENTERS FOR MEDICARE & MEDICAID SERVICES  
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Publication No. 12SOW-AHS-QIN-QIO-TO1-NH-TO1-PCH-4905-11/30/23

## WHO IS THIS TOOLKIT FOR?

This toolkit is for all clinical staff members from the CNA to all your nursing staff.

## WHAT IS ITS PURPOSE?

This toolkit is to improve communication on vital patient/resident information between staff and providers to improve care.

## WHAT IS IN THE TOOLKIT?

- **Huddle Tip Sheet** – learn how to design quick meetings to share important information.
- **SBAR For Change in Condition** – this shortened SBAR tool lets you communicate quickly on any change in condition.
- **CNA End of Shift Report** – mechanism for your CNAs to document important changes to the next shift.
- **Nurse to Nurse End of Shift Report** – document care changes and track pending results for accurate follow-up so nothing gets lost.



# Nursing Home Huddle Tip Sheet

## What is it?

- A Huddle is a quick meeting designed to share important information.
- Huddles can be a positive mutual exchange of information needed to care for each resident.
- Start and End of Shift Huddles provide a consistent way to share information about each resident.
- Huddles can be done as a stand-up meeting or as room to room walking rounds and can include the charge nurse and CNAs together checking on each resident.

## Why Huddle?

- A shift huddle reinforces teamwork and allows staff to hear about every resident so they can provide support to residents not on their assignment.
- Communication of essential information cannot be left to chance. When it is shared in a group, everyone hears EXACTLY the same information and can share what they know.
- Huddles provide opportunities for critical thinking and problem-solving together to ensure the best care for each resident.

## Who Participates?

- Shift Huddles include nurses and CNAs working together by unit and shift.
- CNA's can share information for each resident on their assignment.
- It is helpful to have other disciplines join in to listen and share information that can help the team caring for residents. Other staff may add relevant information about that resident.
- It is good to also include housekeeping, social work, activities, and therapy or to huddle again quickly later in the shift when others can participate.

## When to Huddle?

- Shift huddles should occur at the beginning and at the end of the shift.
- If there is a paid shift overlap, it can be done with staff from both shifts.
- Huddles can also occur at other times as needed, such as before staff go on break, when a new resident arrives, when an issue arises that needs the team to come together, or when other departments can participate in a short discussion.

## How long are Huddles?

- Start and end of shift huddles should take no more than 15 minutes.
- In-the-moment huddles can often complete business in less than 5 minutes but may take longer.

## What is included in a Huddle?

Standing Agenda Items may include:

- Resident by resident report by exception, focused on risks and opportunities, including quality of life and quality of care, using MDS areas of functional status, mood and customary routines as a guide. INTERACTII Stop and Watch is an excellent tool to focus the end of shift exchange.
- Residents due for their MDS (in their Assessment Reference Date - ARD)
- Changes in Census – people coming in or leaving
- Information about new residents, including social history, family information, medical needs, customary routines and special needs
- Reportable Events, Incidents, Accidents for any resident
- Complaints and Compliments for any resident
- Follow-up on any issues raised for which the loop needs to be closed
- Any clinical area that is being worked on (e.g., pressure ulcers)
- News from any department requiring staff knowledge or coordination
- Introduction of and check-in with new employees

## Huddle Questions May Include:

- Did any falls or injuries occur during the shift
- Concerns about a resident's urine or catheter
- Did any residents have unusual vital signs
- Did any residents have a new skin redness or breakdown
- Did any residents have changes in mental status during your shift
- Concerns about a resident's wound(s)
- Did any resident refuse to eat
- Did any residents refuse a bath/shower

## What are the Keys to Success?

- Be on time, this is a short meeting and needs to start and end on time.
- Everyone needs to be prepared to share.
- Huddles should be supportive, not negative. Provide mentoring to those nurses who need help on how to facilitate positive team building huddles.
- It is optimal to have the support of nursing management answering lights and meeting residents' needs while CNAs and the charge nurse are huddling so they can have uninterrupted time.
- To be successful shift huddles have to be valuable to the participants.



# SBAR for Resident Change in Condition

**In Case of Emergency, Call 9-1-1**

## SITUATION

- My name is \_\_\_\_\_ I'm calling from \_\_\_\_\_
- I need to discuss [first name/last name], age \_\_\_\_\_
- I'm concerned about [his/her] change in \_\_\_\_\_  
\_\_\_\_\_ (signs/symptoms).

## BACKGROUND

- The resident was admitted on \_\_\_\_\_ (date) with the diagnosis of \_\_\_\_\_ (current diagnosis).
  - Previous vital signs taken on \_\_\_\_\_ (date/time)  
BP \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_ Temp \_\_\_\_\_  
SpO2 \_\_\_\_\_ (on room air or supplemental O2)
- This started on \_\_\_\_\_ (date).
- The resident is allergic to \_\_\_\_\_
- The resident's advance care directive is \_\_\_\_\_

## ASSESSMENT (Describe Key Findings)

- My assessment is that the resident is \_\_\_\_\_ (state sign/symptom).  
Here are my findings.
  - Current vital signs taken on \_\_\_\_\_ (date/time)  
BP \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_ Temp \_\_\_\_\_  
SpO2 \_\_\_\_\_ (on room air or supplemental O2)
  - The resident has voided \_\_\_\_\_ times in the last 8 hours.
  - Mental status is (changed OR unchanged) from baseline: \_\_\_\_\_
  - Other findings related to my concern are: \_\_\_\_\_

## RECOMMENDATION

- Would you like to order blood work, diagnostic tests or treatments?
- How soon can you see this resident?
- If the resident deteriorates or continues to show signs/symptoms, what is the next step? Start an IV or bolus?
- The physician should confirm, clarify and request additional information and then work with the nurse to take appropriate action with this resident.

### Before calling the physician, NP, PA or other health care professional:

- Evaluate the resident and complete this form.
- Check vital signs; be alert for changes from baseline.
- Review the resident record: recent hospitalizations, lab values, medications and progress notes.
- Note any allergies.
- Be aware of the resident's advance care wishes.

### Early Warning Signs

Below list additional abnormal findings found in: exam details, signs, symptoms, diagnostic information, blood work/labs, observations, resident statements/complaints, pain, mental status, medication changes, diet, bodily function concerns, input/output, time of onset or other changes in condition that are of concern.

Nurse Name (Please print): \_\_\_\_\_ Date: \_\_\_\_\_



# CNA End of Shift REPORT

Use this report to communicate valuable care information to the next shift.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Shift: \_\_\_\_\_

**Did any falls or injuries occur during your shift?**

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**Do you have any concerns about a resident's urine or catheter?**

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**Did any residents have unusual vital signs?**

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**Did any residents have new skin redness or breakdown?**

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**Did any residents have changes in mental status during your shift?**

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**Do you have any concerns about a resident's wounds?**

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**Did any resident(s) refuse to eat?**

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**Did any resident(s) refuse a bath/shower?**

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**IMPORTANT THINGS MY TEAM SHOULD KNOW**

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# Nurse to Nurse

## END OF SHIFT REPORT

Use this report to communicate valuable care information to the next shift.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Shift: \_\_\_\_\_

**Did any falls or injuries occur during your shift?**

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**Are there any labs or radiology that need follow-up?**

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**Did any residents have unusual vital signs that need follow-up (BP, temp, blood sugar, etc.)?**

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**Did any residents have new skin breakdown or wound concerns?**

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**Did any residents have changes in mental status during your shift?**

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**Are there any potential infections to monitor (UTI, respiratory, skin, etc.)?**

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**Are there any pending admissions/transfers out? Are any residents in the ER?**

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**Are there any new admissions/transfers?**

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**IMPORTANT THINGS MY TEAM SHOULD KNOW**

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