

Event ID: 2766125

Event Started: 10/21/2015 2:56:56 PM ET

Please stand by for real time captions.

I would like to welcome you to the Montana nursing home sharing call.

Hello?

Hello figure

-- Who is this?

Mary from the medical center.

Mountain Pacific staff is working on the nursing homes. We are excited for everyone who has come onto the call. We are thankful having all of you share, we want to build a network. Where you can talk to each other you are the experts in the field and can really hope -- help and support each other.

We want to encourage that. If you have questions or comments, bring that up, because that is a big part of the call.

Kayla will go with us -- over with us team steps.

We will discuss questions and concerns with the payroll based [Indiscernible] we have Todd on the phone who can help with questions too.

At the end of the webinar there is a questionnaire. If you are sitting at a phone if you have multiple people listening in on the call, I sent an evaluation form. We will need evaluation from everywhere to provide CE. If you want the CE complete the evaluation form. Let us know if you need it for administration, CA, RN.

Kaylee -- Kayla please take it away.

The safety-based communication program what it does, allows your staff to communicate in such a way they are always [Indiscernible] and safety is the goal. I have been a master count -- trainer for several years.

This program puts accountability for resident safety on each and every individual. It is from the ground level all the way up through administration. It can help with developing a culture of safety.

Team steps program, for the purpose of long-term care. Resident safety, evidence-based workshop. Initially developed by department of defense, we needed clear concise communication was in healthcare they developed for hospitals initially, and then later adjusted for long-term care centers, primary care offices, dental offices, mental health etc. They have more and more modules custom for the specific areas.

The key principles as you can see on the screen, team structure, leadership, mutual support and communication.

Teaching the importance of all of these things interacting effectively to have the best outcome for the residents. Each is broken down with different tools built into them see Katrina staff on and those are implemented to effectively communicate with one another on behalf of the residents.

This is the pillars that they use for teaching the curriculum. This is the multi-team system on the site now for residential care. It takes a team of people at different levels of responsibilities to provide safe care for the residents. As you can see we had the residents, underneath them is the support and providing the foundation for their care.

Part of the team steps, everybody speaking the same language, there are some very key words at the premise is the same if I have a conflict someone or safety concern with someone or someone who is affecting the resident. It is my responsibility to speak up on behalf of the even if I want to or not, but it gives me the tools to do that effectively. Regardless of who I am wasting my concerns to.

Breaking down into a usable system, this is the multi-team it system that they utilize. -
- System that they utilize.

If you -- a few tools what are highlights of what people are taught: events that they go over is planning, problem solving and process improvement.

One of the premises of the implementation, within the facility. It is a short session. Basically to get the team dynamics straightened out, V formation.

There is a checklist, steps, for research healthcare quality program providing a book that you can purchase a basically they have all of the tools and there is a checklist for the brief.

All of the tools, are evidence-based they have been heavily research and implemented, the version that is out currently is team steps 2.0 which was launched in 2005, and in 2014 they came out with the newer version, 2.0.

For problem solving we encourage the team to call a huddle. It is a great time for the team members to speak up. They will get together and talk about the situation or situations and what they need to do to fix it. Adjusting plans to meet needs of the residents, and anybody can call a huddle.

A debrief can be formal or informal, you want to debrief anytime you have a present - critical incident or after a crazy shift. Establishing a checklist, so they can pull that out and say -- I have not done one of these in a while and then walked up through the process, these are tools that are proven to effectively improve team dynamics and communication amongst the members.

Step tool is for resident safety. It is an acronym, status team environment progress.

What you will see on the screen is what you will consider. If you want to implement within your facility and train people, these are the some of the -- these are some of the things that you can pull out. This is the information that I would like to see.

Streamlining everything, giving them a ready-made template to share information with other team members.

The team members and things that can affect dynamics and performance. Environment this is a check-in tool that you can utilize on every shift to check and see if we are on track or if we need to adjust things a little bit.

Task assistance is one of my very favorites.

One of the biggest things happening implementing steps in multiple areas, task assistance is one of the greatest builders or destroyers of team dynamics. If your team is not high functioning and is not ask for help for various reasons, which is common. Often you do not have a feeling of team effort for caring for the residents, people are disgruntled, they do not want to ask for help if they had been burned before.

Wiping the slate clean and setting them up with team member foster climate which is expected, assistance will be actively sought out and offered to. If you need help and you do not ask, who are you letting down?

That answer will be the resident; it puts it back on each and every person. There is no excusing -- excuse for not asking for help when you need it.

Everybody is game to step in and help, it will be expected that they asked for assistance and it will be offered. That is the biggest game changer.

Task assistance, actively be sought out and offered, it protects people from work overload situations. Everything that you can think of objection wise.

If administration is implementing the program, it wipes all of the excuses clean and says we will step up and offer help and ask for help any time that we needed. That is the way that we are going to do business.

[Music]

[Indiscernible]

When you talk about everyone, are you including the maintenance people?

We want the maintenance staff environmental services, anybody that is wearing a badge a part of the team. Encourage them to speak up on behalf of the resident.

Exception may be PRN staff, investing in them is about 4 hours.

Sometimes investment is not there if they work once every 5 months, including everybody wearing a badge. Everybody holds each other accountable.

Any time anyone says, I need clarity. Going up the chain of command, effectively starting -- stopping something dangerous from happening and so you get clarity on the issue.

This desk script, this is fabulous.

In conflict resolution tool that we train people as part of the curriculum. When we do a rollout of this, the expectation is, if you have a conflict with somebody. They did something that bothered you or spoke too harsh etc. the options are you take it home with you. Do not speak with your coworkers about it or utilize this script. You have

this in the notebook, you will logo -- utilize the tools to resolve conflict with the person.

For example, cabinet peaks [Indiscernible]

The SBAR is something that you may be familiar with. Basically a great way of formatting information sharing, background assessment and request, we teach this to everybody.

The SBAR is a form of communication is a great school to get information and information only out to a group of people.

It takes a while to train the staff; the desk tool is for conflict resolution, if you want to change behavior, the desk tool.

It is another one of the tools that I will give you a sampling of the curriculum so you can have a feel for what it is like.

Some of the tools, as you see, we are faced each and every day when we have barriers of communication.

Designed to work with the barriers, work around the various so we can still have effective communication, ultimately errors are often a result in this communication related to so many different things.

This is a loose -- list of tools and strategies that come with the curriculum. It is about 4 hour training with every step person. Trained in groups of about 20 people at a time.

The amount of impact on improved communication and safe care and clear communication and better staff satisfaction is well worth it in my experience and this is what they are finding -- nationally. All across the board.

I am almost done, for implementation. I want to share a few nuggets of wisdom. I think this is a fabulous program.

People feel like this is that flavor of the month. This is the latest and greatest cookie of the month and it will go away. For implementation to be successful, you need Brian -- buy-in from administration. Allow for the training to disseminate and be held accountable to the tools as well.

There are different ways that you can roll it out; some places choose to do a few tools at a time.

This is how they want you to communicate or use for conflict resolution, or you can do the big bang approach which is everybody's top to bottom. You need to have a master training, -- trainer and they also have training online.

The training online will walk through how do you implement this in my facility or area. Or you can bring in the master trainer to get you started, and roll with it from there. There are a lot of different options on how to roll it out everything is available on the website as far as the modules. They have four big training centers, Seattle, Rasco -- Nebraska. There is a wait list but it is nice they offer the on what -- online module.

Advantage to the future tools of the time, it is less money all at once. It takes commitment from leadership, it really does -- if administration is not willing to stand behind us, leadership is not willing to say -- I will hold everybody accountable. It is often not going to be successful. A lot of times with a half it goes out after a little bit.

I covered a lot and a

Quickly, -- I covered a lot and I speak quickly.

This contract was provided to Montana health network.

As far as I am aware, there is not any big team step training in Montana I came here from Oregon and I did some research. It does not appear to have hit Montana very much -- yet.

I am not sure the status, it does work and different areas, it is primarily about communication. If people are communicating they can utilize the tools.

Is there a way to print the slides?

I will defer the question back to somebody else.

[Silence]

Pamela you set the presentation slides to the nursing home group Christian that is -- to the nursing home group?

Yes. If he did not get the slides, you can let myself, Mary for Marcy know and we will get those to you.

I have a couple of questions for you on the line.

If you can unmute the lines, what is the biggest struggle at the facility or community related to resident safety?

Does anybody have anything that they would like to share that they are facing at the facility?

This is Peter in Great Falls. It will be patient falling. That is the biggest issue with us.

Frequency?

The fact that they keep on happening?

Yes.

I guess both. I do not know how to separate that out.

Okay.

This is Michelle Smith. One of our biggest struggles for resident safety, we have contract people we bring them in and try to educate them, but sometimes they are not aware of the resident safety -- it would be great across the board if we could all have the same line of communication.

When people know it is up to them and something bad happens to a resident. Situational monitoring, you are walking by and it does not feel right and maybe you see something suspicious, it puts everybody on alert. Hang on for a moment, I need to check in on that, and makes everybody accountable, they are on the clock, they are a part of the team, anybody is accountable.

Anybody else?

What is the greatest communication issue in your communication -- in your community or facility?

High turnover and travelers.

We are spread over 3 campuses, the consistency has been hard to achieve.

Disseminating the information to everybody?

Yes. The messages have a slightly different connotation on every campus.

That is very common.

A lot of times people do not -- they complain about not getting the information, but people do not take it upon themselves to seek out the information provided to them. It double-edged sword, this is a safety issue you need to check your emails or read the bulletin.

Sometimes it is soliciting information from the staff. You can actually seek information from people about their biggest frustrations.

Do you think resident safety should be a primary concern for your team Krishna -- for your team?

[Multiple Speakers]

My boss is on the call, he stole my other two responses [Laughter] I want everybody to know that.

He is like that [Laughter]

Resident safety, it is always a primary focus for us. What would be great is how we communicate potential safety issues, such as potential for falls when the patient or resident is already at high risk. What are we doing proactively to prevent the occurrence?

Absolutely.

Somebody else was going to share as well?

[Silence]

This is Debbie, my primary focus is staffing. [Indiscernible-low volume] is really bad.

I will tell you a byproduct, retention has gone up significantly and we are able to advertise to people. We expect every member of the team to speak up on the behalf of the patients. It makes a big difference, when you tell somebody we have a culture that it is expected to ask for an offer help, it really does -- it is powerful, you can feel the difference.

Because of the lack of communication and understanding and consistency. For most the satisfaction it happens because -- for most of the non-satisfaction, it happens because of poor communication.

We need safety but enough staff to be safe, we need to be able to communicate with each other and it will change the culture to one of support and a team. Instead of being broken.

The Penguin is the mascot for the team steps, we have these little penguin pens that we have in our badges. It certifies that we have been trained and we can be held accountable for the concepts and the tools.

We also have coaching programs, which is optional but is highly recommended. We have 19 coaches throughout the hospital, frontline employees. The role is to be supportive of the people using the tools and they are a safe confidential team member.

That is another key element, when you are planning how to roll this out, it will be different, your staff, dynamics and your layout will be a little bit different, it is customizable to what your needs are.

What is the greatest barrier that you see for implementing a program like team steps?

[Multiple Speakers]

Go ahead --

I was going to agree, the biggest barrier with the contract companies that we used to resource a great percentage of the staff. Implementing something like this, how will we get them trained and on the same line?

You may have to send somebody to the supply company.

It could be an option [Laughter]

This is MJ from Eastern Montana veteran homes. One of the biggest barriers and I certainly agree with the contract staff. I will go back to the basic finances. We are just in a difficult position. That is probably the largest barrier that we will have.

Cost of having the training reading -- getting anybody push to the 4 hour class?

Yes. Utilizing some of the tools, one at a time if you have the administrative team willing to stand behind it. At every staff meeting or however it works, you will need to be creative.

Spending some time with the tools and say okay -- here is what may work for us?

If you adopt this, if you have top of the tool and this is what you expect them to do -- the next time that a patient falls, I thought that was a little bit weird that she was getting out of the bed by herself.

Hold them accountable to that particular tool, there are ways to incorporate it without doing the Big Bang.

There are definitely options to make it customizable to you.

Anybody else?

Barriers?

I think a barrier will be the corporate company allowing us to do this with our staff. And staff pushing back against this.

The fact that they like things the way they are and it is change?

Probably do not want to do it.

It makes a difference if you have it -- the administration right here, I pitched it to them in February. They all got behind it, we rolled it out as an optional situation, we had a very broken culture and we have a lot of toxicity. Critical access, it is hard to get people here to stay, we felt like we had to do something drastic and this is the step. I will tell you too with the corporate folks and I have not had a lot of experience with that. Because it is a national program, there is always an option of getting them involved and getting some on lies -- allies that will implement this type of program.

They have a national convention in Washington DC, it is catching on and growing, we are in Montana and it is not really here, we can be one of the first places that have the team step.

It is a lot about perspective, we need this and we need not to have such a great turnover.

Staff pushing back, that is going to happen. Once they start to use it and they realize that his old. We cannot use that anymore, it will catch on like wildfire. It takes a while because they start to trash talk each other.

It is actually a pretty mad at -- dramatic change pretty quickly. But it takes everybody to be on the same page as far as leadership and usually the staff follow behind them.

-- Staff will follow behind.

When people have you over a barrel because you -- a lot of teams people use that as an excuse for really bad behavior. Resident safety has to be more important than the little details and a manipulative things that happen in the nature of healthcare. I can definitely appreciate that as a barrier, I would not let it stop me if it was something that my facility needed. It is definitely worth the fight, it is life-changing for real.

That is all for my questions, unless anybody help -- needs anybody out -- that is all for my questions unless anybody else has anything else?

Here is all of my contact information, I am happy to talk with you anytime if you have rested. I am very passionate about the team steps, it is worth it.

It is about the resident safety and it makes a big difference.

What is the cost?

All materials are available online.

All of the materials are downloadable; -- if you bring in a master trainer you will probably have to pay them for their time. Otherwise it is the cost of the people in the class and everything else is provided for free.

Anymore questions for me?

If not, I will be happy to answer questions as they come up at a later time.

You have another topic that you want to talk about --?

This was Pamela Longmire it again. I want to go back to -- what Peter brought up. Falling.

MJ I want to encourage the sharing, if you have had problems in the past with all and success that you could speak to -- that would be wonderful.

This is MJ. I am more than happy to talk about that. I am very [Indiscernible] access to tools that will assist us. Falls with major injury we can definitely document the fracture was because of the fall. Probably 1 out of 12 months. In 60 residents that is not great but that is way less than it used to be a few years ago.

When I'm digging into -- I am the first one investigating where they fell. If it was observed, we really get into -- was this person starting to stumble and then they fell?

Was the break the instigation of the fall?

Non-avoidable fall and kind of -- yes we use things like a hipster. And a fall mat, there is a couple of companies. The mat looks like an area rug that you would for it -- put in front of the bed. Wheelchairs go up and down the wall and so does a walker.

We have done things like this, we have a motion sensor. Plugging into the system, we can set it, the minute that somebody swings their feet off of the bed, the light will come off.

MJ -- I am encouraging the decrease of noise in the facilities?

Does that go off to somebody where it is silent like a vibrator?

[Indiscernible] it would actually go directly to their system.

We are not, it does -- so yes, unfortunately it does make noise at the nurses' station being the loudest. You can hear it in the utility room, staff bathroom, it rings figure that -- but hearing it in the hallway it is really faint. If you have the [Indiscernible] system it does plug-in but we are not that advanced yet.

It does not chime in the room.

Okay.

We buy the monitor; it will not chime in the room it will set off the call light system.

To I have permission to conduct you to people who are more curious about falls?

Yes.

I wanted to address the payroll based journaling. I want to let you know that we are fortunate to have the acting bureau chief on the call today, Todd. I asked him if he knew much about the payroll based journaling, he does not but has promised to look into it.

Anyone on the call having success in beginning the program?

[Silence]

This is Michelle, we got ourselves registered. We are having trouble trying to submit the data. What exact data it is that we need in totality?

I guess [Laughter]

Okay.

Can you see what I posted in the chat? I did get a phone number. 800-339-9313

There are multiple options when I called the number I stayed on the line and the person that came out was the correct person to help with this. They promised me they would walk you through the process. I do not know if you have tried that, I would encourage trying that.

I would hate for any of the facilities to have financial consequence is. --
Consequences for this it would be nice to get to the trial period.

Pamela this is Marcy. Can I bring up the question that I received from the facility?

Absolutely.

Somebody asked about the monthly home staffing report that goes to DPHHS, for the certificate of need. It requires a monthly report to be submitted on hours and patient days.

Why do we have to fill this out and CMS is also wanting enrollment and participation in the PBJ system?

Todd, do you have any insight or can you address that or anybody else?

This is Todd, I do not have any insight that I have taken notes and I will get back with the group.

That would be great, thank you.

You bet.

I sent an email and they said we were still to continue the monthly staffing report, I think right now it is because we are still in the trial period.

Yes my guess is this is a federal requirement. Even though you're reporting to the state, you're going to have to fulfill federal requirement. Hopefully the state requirement was somehow tag into the federal. The answer now, report to everybody that asks come -- and hopefully later it will be clarified and duplication of work will most likely be eliminated.

Todd?

I will be either information back as soon as I can and we will go from there.

Do we have any more questions on payroll growth -- payroll based journaling?

[Silence]

Since we have Todd on the line I want to ask a question that has been coming out from a lot of people. On the [Indiscernible]

A lot of facilities are starting the QAPI. It is not a quick overnight process, to get it fully established and operational it takes about one year.

For those people who are just starting QUAPI, as long as they are in the process and showing progress, does that count for that?

Todd?

What I will again do, take the question and go forward with his -- it. In my mind it would start, it would show some direction into the right [Indiscernible] and I will get you a more direct response on that.

I want to apologize for Todd, he just joined last-minute and he did not get any warning that he was going to be asked questions.

We are so thankful that he is here on the call and showing interest, I hope I'm not putting you on the spot too much?

[Silence]

Any updates that you may have for us Todd, things that are coming up before we come to the end?

I encourage looking at the PBJ as they call it. The payroll based journaling.

It is voluntary right now; they are looking for everyone to be on by July, 2016. I encourage facilities to try to do it now. Work through some of the bugs before you get to July of next year and it is hard to do or you are having last problem.

They have FAQs that CMS has issued out, it states the data submitted during voluntary submission period will not be used in the survey process or result in enforcement action and not used in the CMS nursing home 5 star quality rating system.

More encouragement for facilities to try it out now versus later.

Absolutely, let's get this perfected before it comes mandatory.

Same thing on the QAPI. The sooner that you are up and running, the better you are going to be in the long run.

Yes, I would agree.

Do we have any questions even if you feel like they are unrelated?

I want to open it up quickly the last couple of minutes for you.

[Silence]

Pamela this is Marcy.

Todd, do we have an email it just for you?

mtssad@mt.gov

Can you type that into the chat so people can copy and paste?

Shorting.

-- Sure thing.

Thank you.

Does anybody else have a question?

I was going to have WebEx bring up the link to the survey monkey. If you join late, the late -- link will not allow you to complete the polling questions. If there is more than one of you sitting at the monitor, one can be completed that way.

If you sign off on the meeting, it will automatically pop up.

I think back -- thank all of the nursing homes that asked questions, the calls were you participate, it makes the calls much more interesting. Thank you for everybody who called in, speaking of verbally and in chat.

The calls have been recorded and will be available. Be sure to check out the website, there is a lot of training. Thank you to the WebEx posts. -- hosts. We like our job we like to be helpful, do not hesitate to contact us. Sometimes we may seem a little bit slow but we will get back to you and we will help.

All right. Unless there is something else that we are going to call this a day. We will not do the December call; we will start again in January. You have a break through the holidays for the sharing Hall.

Thank you for calling in.

Thank you.

[Event Concluded]