

Module 3

CONFINE THE DECLINE

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Hello and welcome to Module 3 of the **STRAIGHT LINE** training program called **CONFINE THE DECLINE**.

A key feature of reducing avoidable 30-day hospital re-admissions is the early identification of changes in resident health condition. Many times these changes can be subtle, or easily overlooked. And without an effective communication system within a community, resident health concerns may go unreported.

In this module Dr. Fuller teaches you how to effectively engage every employee to actively monitor the overall health and care for your residents.

Our goal with **CONFINE THE DECLINE** is to Confine (or Stop) any Decline in resident health. We do this by early identification and reporting of any observed health concern of your residents.

This module shows how every employee can be engaged to *actively* monitor each resident. This is accomplished by your community's management encouraging each employee to be "mindful" of the residents as everyone goes about their daily routines.

Employees should consider every interaction with residents as an evaluation of that resident: that is, beyond the social dimensions of the interaction, the employee (regardless of their specific position or role) should be thinking of the resident in the same way they would think about a fragile parent who might be living in their own home. During every interaction with the residents employees should be thinking:

- How does this resident look to me?
- How is her mood?
- How is her appearance - Neatly dressed? Disheveled? Clothes clean?
- How is her mental state – confused? Normally oriented?
- How is her speech – normal? More slurred and difficult to understand?
- How is her mobility – normal gait? Normal balance? Or Unsteady? Wobbly?
- Does the resident look as if she is in pain?
- Does the resident look depressed? Despondent? Hyper? Anxious?

These are just some of the considerations employees should have and the type of mindfulness that should be encouraged when interacting with residents. If there is any concern about a change in a resident's appearance or behavior, the Health Coordinator should be notified immediately. The Health Coordinator should then document the concern and discuss it with the nurse to see if the observation warrants a doctor's visit. There should be a reasonably LOW threshold for making an appointment with the doctor to review the concern.

Assisted Living Communities have a tremendous and unrealized opportunity to be pro-active and observe early changes in residents' health condition. This is because you have employees working in many different disciplines who therefore view residents from multiple perspectives in all areas of your community. If all employees are encouraged from your management team to have the "caregiver" mindset, and then have an accessible way to quickly report concerns, then it's much more likely that early and subtle changes in a resident's health condition will be observed and reported.

The following are some examples of how employees in various positions can be engaged in monitoring residents. These examples can be customized or modified as to what fits best within your community.

- RESIDENTS:
 - Residents are very observant and can be the first to notice a change in a friend's health. When this occurs, they should be encouraged to ask their friend's permission to notify the Health Coordinator so that their friend can be evaluated.
- KITCHEN employees:
 - Monitor whether residents miss meals, finish their meals, drink sufficient liquids, spill food excessively, choke or cough frequently when eating.
- HOUSEKEEPING:
 - When you are in a resident's room, monitor whether medicines, vitamins, or other pills are disorganized, whether a resident admits to falling, general level of personal care and cleanliness of the apartment, whether the resident complains of feeling ill, or if you suspect side effect of medicines.
- AIDES
 - Monitor whether the resident has difficulty swallowing medicines, takes their medicines properly and effectively (such as inhalers), whether the resident understands the purpose of a medicine, whether you suspect side effect of medicines, whether you see signs of bruising or skin tears, level of mentation or confusion.

- NURSE

- o Monitor wound care, follow-up on labs
- o Implement an acuity-based “Quick Check List” that provides easy monitoring guides for residents based on their acuity or risk for hospitalization. This list can be customized according to the needs of your community (an example of such a list is included with the downloadable pdf file from this module).
 - Residents with higher acuity should be monitored more frequently (e.g. once a week), and residents with lower acuity monitored less frequently (such as once a month).
- o Maintain close interaction with your Health Coordinator to keep informed of all change-of-condition issues with residents. Timely follow-up on all health related concerns is essential.
- o Develop specific exercise classes for residents with severe cardiac and pulmonary limitations.
- o Consider support groups for depression, chronic pain, and dementia.

- HEALTH COORDINATOR

- o Your role is to assure a **STRAIGHT LINE** and efficient connection and communication between residents, families, and all healthcare personnel.

- FRONT DESK AND RECEPTIONIST

- o Track all off-site travel for medical reasons.
- o Track frequency of Home Health, Personal Care, social service visits, and medical appointments.

- o These items can be used as metrics for future Quality Improvement Initiatives.

- ADMINISTRATION

- o Reach out to local doctors and try to establish regularly scheduled on-site care. Having a dedicated relationship with a small number of doctors who provide onsite care will help ensure much better service and health outcomes.
- o Encourage employees to have a healthcare “mindfulness” about all residents and to communicate any concern to the Health Coordinator.
- o Review all cases of health related attrition for the prior 3 months (longer if possible).
 - Discuss what could be learned to have prevented or delayed these specific cases.
- o Review all cause ER trips and hospitalizations in your community for the prior 6 months. Make it your mission to eliminate avoidable hospitalizations and to reduce other health related attrition by, for example, 25% for the next calendar year.
- o Use the metrics you track to develop Quality Improvement Initiatives (QIIs) and Key Performance Indicators (KPIs).

Show these indicators to your referral base so that you will be included in health referral networks.

Implementing these changes doesn't have to be complicated. All that's required is a management approach with focus and commitment for a culture of 'employee mindfulness', the same kind of mindfulness that each of us would have

if caring for a fragile member of our family at home. This mindfulness will translate into measureable improvement.

We wish you the GREAT success that I KNOW you can achieve!

Resident Quick Check

Resident Name

Room #

Date

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Vital Signs

Functional Status	S = Same B = Better W = Worse	Other Concern
Alertness/Behavior/Confusion?		
Depression?		
Need for ADLs		
Mobility?		
Any Recent Falls? How many? (Document under "Other Concern")		
Vision?		
Hearing?		
Breathing?		
Chest Pains?		
Swollen Ankles?		
Appetite?		
Losing Weight?		
Pain Controlled?		