Integrating Residents and Family Engagement Strategies Into Your Harm Reduction Efforts – Change Package

Effectively implementing cross-cutting strategies can accelerate your improvement efforts. This includes the engagement of residents and their family members as active partners throughout the change process.

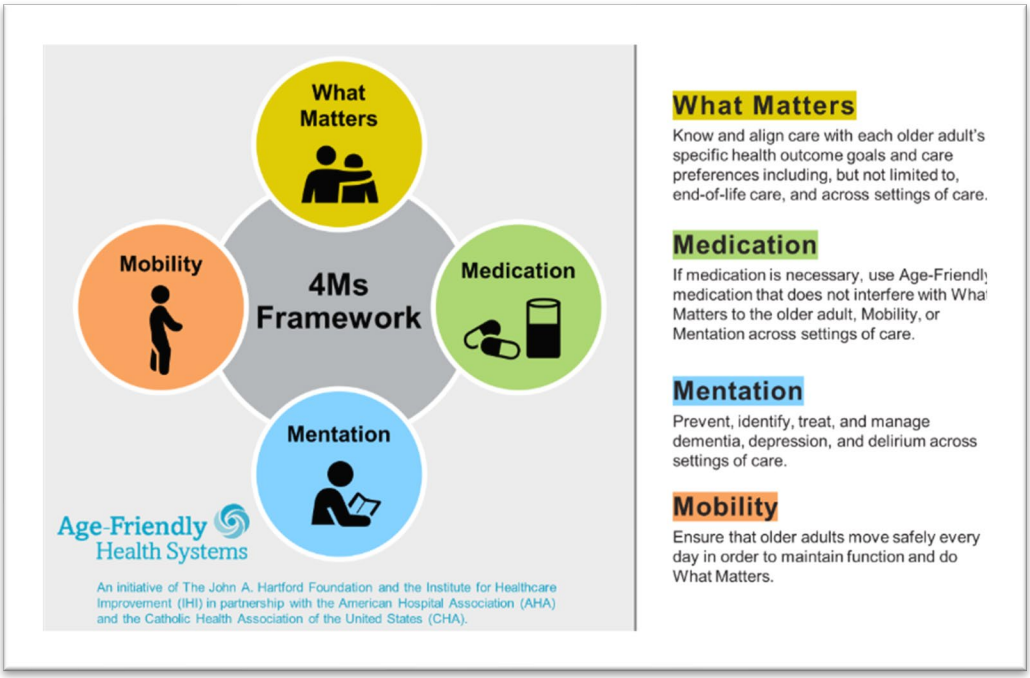
Residents and families can and want to play a key role in sharing ideas and supporting resident safety and quality of care. Resident and family engagement strategies will help your nursing home establish and sustain vital partnerships and help educate staff on how to develop and sustain these efforts in your improvement work.

The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association (AHA) and the Catholic Health Association (CHA) of the United States, set a bold vision to build a social movement so that all care with older adults is 'age-friendly care', which:

- Follows an essential set of evidence-based practices;
- Causes no harm; and
- Aligns with What Matters to the older adult and their family caregivers

Becoming an Age-Friendly Health System entails reliably providing a set of four evidence-based elements of high-quality care, known as the "4Ms," to all older adults in your system. When implemented together, the 4Ms represent a broad shift by health systems to focus on the needs of older adults.

Use the table on the following pages to identify possible change ideas to help you embed resident and family engagement strategies into the work for each harm area.



Age Friendly Health Systems

Patient Harm Reduction Best Practices

Each harm topic below has three sections, Point of Care, Policy & Protocol, and Governance. Within each section are suggestions of implementation partners and ideas to promote resident and family engagement in your nursing home.

Point of Care

- Planning checklist for scheduled nursing home admission
- Shift change huddles/bedside reporting with residents and families

Policy & Protocol

- Resident and family engagement leader exists in the nursing home
- Resident and family engagement representative on nursing home quality committee

Governance

- Resident and family representative on nursing home governing and/or leadership board

Harm Topic: ADEs (Adverse Drug Events)

Point of Care
Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers

Talk with resident/family about the important role they have in understanding their medications, including why they are taking it, how and when they will take it, potential side effects, and safe disposal. Provide them with a tool, such as the AHRQ Medication Management Strategy, to begin tracking their medications. Assess all new medications within 30 days for new onset of symptoms/side effects and encourage the resident/family to verbalize them on daily rounds. Offer nonpharmacologic options to support what matters to the resident and eliminate medications that impair mentation and/or mobility.

Age Friendly Health: Guide to Care of Older Adults in Nursing Homes

Provide the resident/family with the resident's current medication list. During daily rounds, ensure the resident understands why they are taking each medication as well as potential side effects; prior to going home from skilled nursing stay, make certain the resident/family understands the medication discharge plan. Provide them with a tool, such as the AHRQ Medication Management Strategy, to begin tracking their medications. During team care rounds, narrow medications to the ones that support 'what matters' to them to help them feel better, reduce harm, and improve quality of life. Remain vigilant to avoid unnecessary or high-risk medications. Always review the resident's medications after a hospital stay or any time the resident has a decline in function or a change in goals. Explain to the resident/family the importance of the medication optimization, including dosage reductions, to decrease the risk of adverse events and need for transfer to higher level of care.

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Policy & Protocol
Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Resident Experience Leaders

Identify a team member to educate team members on the use of Teach-Back to check for resident/family understanding regarding medications. Utilize the teach-back training resources below for internal education.

Teach-Back: 'How to Get Started' Presentation

1. Roadmap for Sustainability
2. Training Checklist
3. Teach-Back Poster
4. Teach-Back Resource List

5. Training Agenda Template
6. Best Practice Worksheet – Plain Language
7. 'How to Implement' Teach-Back Presentation
8. Completion Certificate

Engage your resident council to review and redesign tools to be used by your organization for resident/family education and understanding of medication management.

Governance
Implementation Partners: Board of Directors, C-Suite

Leadership rounds to obtain feedback from the resident/family regarding medication use and management. It is important to understand why a complete list of medications given is needed and knowledge of when changes occur. Leadership shares information learned with the Board.

Harm Topic: CAUTI (Catheter- Associated Urinary Tract Infections)

Point of Care:
Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers

For residents going home with a catheter, explain how to care for it, when to contact their doctor (should symptoms of a UTI develop) and contact information for a person to call if questions or problems arise. Provide the resident/family with a take-home educational resource that reinforces this information, such as Caring for Your Urinary Catheter.

Provide education to the resident/family if the catheter is needed while in the nursing home. Educate on the importance of removing the resident's catheter as soon as possible. During change of shift report, discuss anticipated timeline for removal. Encourage to ask the care team if the catheter is still needed; utilize the resource So You Have A Urinary Catheter - Four Steps You Can Take to Prevent Infection.

Policy & Protocol:
Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Resident Experience Leaders

Identify a team member to round with residents who have a catheter and ask the resident/family if removal of the catheter was discussed. Encourage the resident/family to bring it up if not addressed.

Recruit residents who were discharged with a catheter to help design educational materials to be used.

Governance:
Implementation Partners: Board of Directors, leadership

Leadership rounds to obtain feedback from the resident/family regarding catheter care/removal. Leadership shares information learned with Board of Directors.

Harm Topic: CDI (Clostridioides difficile Infections)

Point of Care:
Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers

Following a positive C. *diff* test, provide the resident/family with information about treatment and prevention of the spread of C. *diff*, using a resident education tool, such as the American College of Physicians Resident FACTS: Clostridioides difficile (C. *diff*). Review the tool with the resident/family and address questions/concerns.

Educate residents on antibiotics and the risk of C. *diff* as well as the most common symptoms, including watery diarrhea, fever, loss of appetite, nausea, belly pain and tenderness. During each change of shift, ask the resident/family if the resident has experienced any of these symptoms. Patients and Families: Be Antibiotics Aware C. *diff* – Am I At Risk?

Policy & Protocol: Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Resident Experience Leaders
Educate health care providers regarding the resident/family experience of C. *diff*. Consider asking a resident/family member to share their personal experience utilizing an existing forum, such as a staff meeting, grand rounds, learning fair, etc. If you do not have someone to speak, share these stories developed by the Peggy Lillis Foundation (cdiff.org)
Engage your resident council to review and redesign tools to be used by your organization for resident/family education and understanding.
Governance: Implementation Partners: Board of Directors, leadership
Educate members of the Board regarding transmission-based contact precautions so they have a better understanding of the isolation experience from the perspectives of the resident and nursing home staff.

Harm Topic: Infection Prevention

Point of Care: Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers
Educate the resident/family regarding the importance of hand hygiene. Provide a copy of the CDC's hand hygiene brochure. If they do not see providers clean their hands, they should ask them to do so before examining the resident.
Educate the resident/family on steps they can take to reduce infections in the nursing home. The nursing home team best understands the top infections in their home; offer education to residents/families on these infections and practices to reduce risks (hand hygiene, respiratory etiquette, cleaning and disinfection practices). Use Teach-Back for understanding.
Policy & Protocol: Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Resident Experience Leaders
Identify a team member to provide resident/family education and hands-on activities (Glo Germ™ kit) regarding effective hand hygiene practices.
Ask resident/family to serve as "secret shoppers," observing and documenting hand-washing practices of providers.
Governance: Implementation Partners: Board of Directors, Leadership
Leadership to report their findings and recommendations from the "secret shoppers," to the board.

Harm Topic: Falls

Point of Care: Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers
At admission, provide the resident/family with a copy of Delirium Beyond the Basics. Review key points regarding how family and friends can help prevent delirium and the impact it has on preventing falls. Let the resident/family know that delirium can occur when changing from one setting to another (i.e., hospital to the nursing home). Align care plan with What Matters to the resident, ensure sufficient oral hydration, orient to time, place, and situation if/when appropriate, adaptive equipment within reach, prevent sleep interruptions; use non-pharmacological interventions to support sleep, manage behaviors related to dementia, promote safe and frequent mobility.

Ask family caregivers to complete the My Personal Preferences Tool and post it in the resident's room or include with the resident's care plan. During daily rounds, utilize this tool as a reference to formulate and discuss the care plan with the resident/family, focusing on identifying and implementing preventive measures to avoid falls. Know and align care with each older adult's specific health outcome goals and care preferences, including all stages of life and across settings of care. Ask each older adult What Matters most, document it, and share What Matters across the care team and align the care plan with What Matters most to the older adult.

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Policy & Protocol:
Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Resident Experience Leaders

Ask a member of the falls prevention team to implement the Caregiver's ABCDE. Ask this team member to share local resident stories. Implement policies and practices from AHRQ's long-term care Module 3: Falls Prevention and Management.

Visit residents who are at high risk for delirium/falls and educate the family of their role in prevention, including those suggestions found in the Delirium Beyond the Basics. This is especially important for new residents who have transferred to the nursing home from the hospital.

Governance:
Implementation Partners: Board of Directors, leadership

Leadership rounds in the resident care area; use this opportunity to enhance understanding of the time and attentiveness that goes into delirium and falls prevention through observation. Leadership shares information learned with the Board.

Harm Topic: Pressure Injury

Point of Care:
Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers

As early in the admission as possible, share and review the resource, Preventing Pressure Ulcers: A Resident's Guide, with the resident/family. Emphasize the key role they play in pressure injury prevention and early detection.

Screen for mobility limitations, indications for PT/OT referral and ensure frequent and safe mobility and movement to prevent pressure injury. Encourage the residents to be out of bed as much as possible, set and meet daily mobility goals.

Age Friendly Health: Guide to Care of Older Adults in Nursing Homes

Educate residents/family on how to conduct skin inspections and ask them to report their observations. During daily rounds, ask if they have noted anything concerning.

Policy & Protocol:
Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Resident Experience Leaders

Educate fellow nurses on how to discuss and engage the resident/family in skin assessments. Following education, have the team member conduct audits to ensure implementation has been successful. Use AHRQ's Safety Program for Nursing Homes: On-Time Pressure Ulcer Prevention Program.

Involve your pressure injury committee and resident safety committee in the review and redesign of tools for resident/family education. Consider including residents/families in the decision-making process to ensure a comprehensive and patient-centered approach.

Governance:
Implementation Partners: Board of Directors, Leadership

Educate leadership on how to prevent pressure injury in your nursing home through resident and family engagement. Select one or two residents/family members to share their experience with pressure injuries.

Harm Topic: Skin Conditions
Point of Care: Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers
Upon admission, discuss wound prevention strategies and signs of skin and soft-tissue infections and diseases with the resident/family. Inform residents/family that these can occur frequently in the elderly as skin integrity becomes more compromised.
Educate the resident/family regarding the common symptoms of skin breakdown, including redness, pain, or open areas. During shift change, ask the resident/family to report any potential skin issues. Address questions and concerns.
Policy & Protocol: Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Resident Experience Leaders
Conduct rounds with residents/families to discuss the importance of skin care to promote good skin integrity.
Encourage residents/family members to report any skin issues.
Governance: Implementation Partners: Board of Directors, Leadership
Discuss with the Board the barriers experienced by some residents in following through with skin care best practices.

Harm Topic: MDRO/MRSA Multidrug- Resistant Organisms/Methicillin-Resistant Staphylococcus Aureus
Point of Care: Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers
At admission to the nursing home, talk with the resident/family about the importance of using antibiotics wisely; share resident education tools with them, such as the CDC What You Need to Know About Antibiotics In the Nursing Home.
Implement the use of the resident whiteboard or another communication tool to record the anticipated duration of a resident's prescribed antibiotic treatment. Conduct daily rounds and engage in discussions with the resident/family regarding any pertinent test results, addressing how these findings may influence the type and/or duration of antibiotics administered.
Policy & Protocol: Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Resident Experience Leaders
Educate staff, resident/family on enhanced barrier precautions, the importance of isolation precautions and needed PPE to minimize transmission. Identify best practices for ensuring that isolated residents receive the same level of care and social contact as non-isolated residents. Utilize the CDC Implementation of PPE Use in Nursing Homes to Prevent Spread of MDROs.
Educate residents/family members regarding the role of the environment and personal items in transmitting germs and how they can prevent this from happening.
Governance: Implementation Partners: Board of Directors, Leadership
Review antibiotic use with the Board and ask members to make it a priority to promote appropriate antibiotic use and reduce MDROs.

Harm Topic: Readmissions

Point of Care:
Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers

Health outcome goals are the activities that matter most to an individual, healthcare preferences include the medications, healthcare visits, testing, and discharge self-management tasks that an individual is willing and able to do.

Consider 'what matters' to the older adult when making discharge plans. Use the resident's priorities (not focusing on disease) in communication, decision making, and discharge to ensure goals have been met to reduce readmissions.

Ensure that a member of the resident's care team shares the CMS Your Discharge Planning Checklist with the resident/family. Ask them to complete the guided action items in the checklist and provide answers to any questions or concerns. Age Friendly Guide for Nursing Homes

Document goals and progress towards discharge, encourage the resident/family to take part in care practices to support their knowledge and confidence in caregiving at home. During daily rounds, discuss progress towards discharge goals and ask the resident/family what questions or concerns they have and address them well in advance of their transition home. Use the Age Friendly Guide for Nursing Homes

Policy & Protocol:
Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Resident Experience Leaders

Designate a member of your care team to lead training sessions focused on the significance of resident/family engagement in the transition process from nursing home to home. Ensure that all relevant staff undergo the training. After implementation, select a cohort of residents and reach out to them post-discharge to gather feedback on the effectiveness of the discharge education. Use this input to identify aspects that were beneficial and areas for improvement. Incorporate these insights to refine the discharge planning process.

Encourage residents/family who have undergone hospital or nursing home readmissions to share their experiences. Thoroughly explore the potential reasons for each resident's return. Compare these insights with the residents' charts. Utilize this comparative analysis to formulate and implement a targeted quality improvement strategy aimed at preventing avoidable readmissions. Involve residents/family in the development and execution of this strategy to ensure a comprehensive and resident-centered approach.

Governance:
Implementation Partners: Board of Directors, Leadership

Invite leadership to attend discharge planning meetings in your nursing home to understand the variety and complexity of challenges experienced by residents preparing to go home. Have leadership share these challenges with the Board.

Harm Topic: Pneumonia

Point of Care:
Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers

As early in the admission process as possible, provide the resident/family with the tool, Pneumonia Prevention Bundle. Emphasize the important role they can play in pneumonia prevention.

Engage residents in bedside rounds and change of shift report by ensuring that they do not have >2 risk factors for pneumonia - Risk Factors for Pneumonia. At each point in care, make sure all members of the care team ask the resident/family what questions and concerns they have. Pneumonia Self-Management Plan.

Policy & Protocol:
Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Resident Experience Leaders

Identify a member of your Infection Prevention Team to implement the Pneumonia Prevention Bundle and Observation Audit Tool. Following education and implementation, conduct audits to ensure implementation has been successful.
Engage your Resident Council to identify and/or help design resident/family education materials that correspond with the pneumonia prevention bundle, covering the following topics: staff hand hygiene, elevation of the head of the bed, regularly scheduled oral care with chlorhexidine or another antiseptic agent.
Governance: Implementation Partners: Board of Directors, Leadership
Invite leadership to infection prevention team meetings to gain a better understanding of pneumonia prevention practices, and infection prevention data. Share results with the Board.

This material was prepared by Great Plains Quality Innovation Network, a Quality Innovation Network – Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW/GPQIN/QIN-QIO-417/1123