

APPENDIX B: Foundational Components that Support Staff in Carrying Out Actions to Prevent Harm (Adverse Events, Abuse, and Neglect) for Nursing Home Residents



Suggested Interventions for Implementation

Leadership, resident and family engagement, committed staff that communicate and work together as a team, and strategies to continuously learn and improve are the bedrock or foundation to set an organization up to succeed in preventing all causes of harm. When this foundation is in place, the strategies discussed in the body of this Change Package can be implemented effectively.

The sections below provide details from the nine nursing homes on what they do to establish this foundation. The high-performing nursing homes visited focused on continuously improving strategies and actions in each component - they are not intended to be a once and done checklist. Reflect on the actions your organization has in place and identify opportunities for improvement or refinement.

Leadership	Resident and Family Engagement	Committed Staff, Teamwork, and Communication	Continuous Learning and Improvement
<ul style="list-style-type: none"> Establish a vision for safe care Set high expectations for staff for customer service and safety-minded actions Develop and support a culture of trust, transparency, open communication, respect, teamwork, and inclusion Engage the Board of Directors and corporate leaders in building a culture of safety Select and develop leaders and staff that are accountable for safety Develop a just and fair culture 	<ul style="list-style-type: none"> Involve resident/patient/family in goal setting, developing, and updating care plans and daily decisions Promote open communication among the care team and the resident/patient/family Engage residents and families in organization improvement efforts 	<ul style="list-style-type: none"> Create a highly effective and collaborative multidisciplinary team Develop an infrastructure that promotes teamwork and communication Provide tools and resources that support teamwork, communication, and resident monitoring 	<ul style="list-style-type: none"> Identify staff learning needs to provide safe care Provide orientation and opportunities for ongoing education to support learning Evaluate effectiveness of education Set organizational goals for safe care by using benchmark data Identify and track measures to understand organizational performance Identify and prioritize areas to improve Use a quality improvement process

Provide Leadership to Establish a Culture of Providing Quality, Safe Care

Establish a vision for safe care and prevention of all causes of harm to residents, balanced with resident autonomy, independence, and dignity

- Educate yourself on components of a safety culture (e.g., root cause analysis, human error, a just and fair culture that focuses on improving organizational systems and processes, failure modes and effects analysis, using data and measurement to drive decisions, teamwork, quality improvement, staffing structure, staff safety).
- Articulate the goal of preventing all causes of harm - "If we prevent 98% of harm and injury, is that acceptable? What about the other 2% - how can we prevent that?" - or the goal of working towards reliability in care.
- Establish processes that encourage and support staff in having discussions with residents and families about balancing resident safety and autonomy and freedoms – learning about residents' preferences, having conversations about risks and benefits with resident choices and supporting them in informed choices. Find ways to promote safety with the choices residents have made. "We find ways to not say 'no' to residents, and focus on how to make their choice be as safe as possible." For example, do not limit mobility in residents that are at risk to fall; rather, support their mobility and take precautions to prevent injuries.
- Use resident and family councils as forums for open dialogue, education, and transparency.

Set high expectations for leaders and staff for customer service and safety-minded actions, and model those behaviors and actions

- Articulate expectations for customer service - "They are the reason we are here," "They deserve dignity and respect," "If we do not meet/exceed their expectations, they will not come back or refer others, we will be out of business," and "Work with the IDT to find ways not to say 'no' to residents."
- Be clear about expectations for following policies and procedures, avoiding short cuts, keeping the team informed about issues or concerns, and responsibility of all staff to watch residents - "Provide care as if the family is watching you at all times."
- Prioritize safety (of all – residents, families, staff, and visitors) during meetings (daily stand up or shift huddles; weekly care meetings, Q&A/QAPI meetings) - ask what has or could go wrong and how can we prevent, detect, or mitigate problems?
- Engage leaders to be present and engaged during meetings that discuss safety: preparing for the meeting and setting expectations for others to be prepared with new and follow up information - "Everyone comes to the meetings and gives 100%, so that makes me also want to give my very best."
- Identify safety topics to cover and discuss during daily meetings. Leaders ask questions and probe to support learning and follow up. Suggestions for topics to cover:
 - New residents, to prepare for a safe admission.
 - Residents with changes in condition.
 - New medications being used.
 - New equipment being used.
 - Staffing issues (e.g., numbers or new or inexperienced or mix of staff, staff safety)
 - Residents with similar names.
 - New procedure(s) being implemented.
 - Any distractions occurring today.
 - Review incidents, near misses/good catches.
 - Follow up from items discussed yesterday.
 - Each department share their top safety concerns for the day – what could fail or go wrong.
 - "We have no secrets, we talk about everything, nothing is too big or too small to cover."
 - "We can't solve problems we don't know about."

- Allow time for discussion of safety issues or risks – become aware of issues in a much earlier stage, focus on getting to the bottom of issues raised.
- Encourage staff to report safety concerns - “See something, say something.” Acknowledge and reward that behavior - “Safety is everyone’s job.”
- Leaders stay alert to what is happening on the front lines and proactively identify potential safety issues/risks.
- Ensure that staff have adequate supplies to meet resident needs. Ensure adequate handwashing stations, including sinks and soap so that staff have convenient access to wash hands before and between caring for residents.
 - Ensure that staff workload includes and supports time for handwashing (so that staff do not feel they are too busy to wash hands).

Develop and support a culture of trust, transparency, open communication, respect, teamwork, inclusion so all are working towards resident/patient safety

- Be available (be out and about and talk to all staff and residents) and approachable (smile, show interest and energy, call people by their names).
- Be respectful of all staff and residents; encourage, listen to, value, and follow up on input from all staff and residents on safety issues/concerns.
- Model the way with open communication and teamwork – pitch in and help every day, show that you are one of the team working towards the resident’s goals and safety.
- Implement leadership rounding to assess for safety concerns and invite selected staff to join.
- Actively participate in environment/safety rounds, wound rounds, on specific teams (e.g., focusing on mobility/fall prevention, psychotropic medication use).
- Have a presence and engage with staff, residents, families on all shifts, weekends, holidays, paying attention to safety needs at all times while honoring residents' rights and preferences.
- Be open and share information about safety concerns – what are the safety concerns and how is the organization addressing those concerns, how are the concerns being measured and what progress is being made.
- Employ an open door policy - leader’s offices located in areas where all residents and staff pass by with doors open.
- Develop relationships with other community partners and healthcare entities (e.g., local hospitals, provider groups, clinics, assisted living facilities, home health agencies) to understand each other’s challenges, initiatives, and needs. Establish work groups to share best practices, regulatory needs, and to identify and carry out cross setting quality improvement initiatives.

Engage the Board of Directors and corporate leaders in building a culture of safety

- Select board members with expertise in safety – that will invest in staff training and competencies.
- Include positions on the board for resident/family members.
- Provide ongoing education for board members on safety (e.g., clear vision, components of a culture of safety, focus on preventing events. Not just investigating after the fact, consider having them see things firsthand – spending time with direct care staff).

- Provide opportunities for external education and networking for board members; ask them to come back and share what they learned with the board and leaders.
- Focus on safety data and measurement at board meetings.
- Share data in a way that brings resident harms/injuries to life – talk about people not as numbers, share stories about impact.
- Describe and discuss safety issues with the board.
- Discuss opportunities to form relationships with other community partners and healthcare entities, recognizing that provision of safe care requires coordination and collaboration across communities and healthcare settings.

Select and develop leaders and staff that are accountable for safety

- Hire leaders that have knowledge and experience in improving safety while honoring residents' rights and preferences.
- Provide opportunities for leadership training and networking in safety.
- Consider certified medical director, certified activities professionals.
- Model the way for leaders in how to assess for safety risks, how to talk with residents, families and staff to identify safety risks, how to get to the bottom of issues and follow up so that they do not recur.
- Identify future leaders and provide opportunities for them to learn about and use safety and safety culture.
- Think about succession planning - identify talent for key leadership positions to ensure that gaps are adequately covered.

Develop a just and fair culture, that addresses systems issues that contribute to errors and harm

- Educate yourself and key leaders on implementation of a just and fair culture.
- Develop and implement strategies to balance individual accountability and organizational accountability to design and improve safe systems.
- Create a culture where staff, residents, and families feel safe to speak-up about reporting of adverse events, near misses, and safety concerns.
- Use a reliable method to evaluate and understand the choices made by individuals in the organization in a fair and just way.
- Determine the right course of action that aligns with the situation to protect against future human error, address or remove what is driving potentially risky behavior, and discipline for reckless behavior.
- Focus on improving systems and processes that protect staff, residents, and families from errors, harm and injury.
- Educate on and practice safety 'time outs' (e.g., consider the use of time outs before procedures to verify correct resident and procedure, after antibiotic starts, before transfers to other settings)
 - Use a guide to facilitate the time out, such as the five rights with medication administration (i.e., right resident/patient, drug, dose, route, time).
- Educate on, promote, and model the use of 'CUS'- encouraging staff to use key trigger words such as I am 'Concerned,' 'I am Uncomfortable,' or this may be or is a 'Safety' issue, in order to raise team awareness of safety concerns.

Engage the resident and family into care so they receive desired and safe care

Involve resident/patient/family in goal setting, developing, and updating care plans

- Work with the resident and family to identify their goals and the plan of care very early on – during preadmission visits, and during the first 24-48 hours after admission.
- Implement shared decision making (an approach where clinicians and patients/residents share the best available evidence when faced with the task of making decisions, and where patients/residents are supported to consider options, to make decisions that include consideration for their preferences).
- Establish individual goals of care with the resident and family as appropriate. This should include at a minimum, their preference for cardiopulmonary resuscitation, and their desired focus for medical treatment, for example, care that is aimed at reversing illness or comfort focused. Ensure this information is reflected in the care plan, updated on a regular basis, and communicated with all staff and all providers to make sure that the resident's goals for their care are honored.
- Share and update the care plan with the resident and family.
- Conduct 15-minute check-ins with residents for first 24 hours.
- Share information on safety practices and precautions.

Promote open communication among the care team and the resident/patient/family

- Administrator and department heads conduct 'meet and greet' with all new residents.
- Leadership (e.g., administrator, DON, activities, dietary, housekeeping, maintenance, social service) rounding on all residents daily.
- Establish a consistent admissions process that fully engages the resident/patient/family to prevent errors, omissions, gaps in care and to improve the resident/patient/family experience.
- Invite resident and family (with resident permission) to care conferences.
- Staff participation at care conferences, listen to the resident and family and other staff, and follow up on questions or issues raised.
- Discuss care options, when appropriate, for palliative care and hospice care.
- Invite families to support care as desired by the resident and family, ask them questions.
- Provide training and education to residents and families on diseases, conditions in terms understandable to them. Don't assume they are up-to-date because they came in with the condition.
- Define and share expectations for the role of each staff member in answering call lights.
- Implement systems to rapidly respond to call lights – have back up plan if nursing assistant or nurse needs to assist the resident and they are not immediately available.
- Ensure leadership accessibility (e.g., administrator, DON provide card/cell phone number to residents and families).
- Implement system to notify family and staff of any changes in condition.
- Implement a system to communicate with residents and families when safety issues occur.
- Do not restrict visiting hours for family (sharing that residents and roommates do need rest time and providing spaces where family members can congregate during resident rest times).
- Encourage and enable residents and families to speak up if they notice a risk to safety.

Engage residents and families in organization improvement efforts

- Share information and report progress about quality improvement work in the organization with residents and families.
- Ask for their input on areas to improve and ideas for improvements.
- Include them on performance improvement teams if that is their preference.
- Support the resident council, share and seek input on safety issues.

Support staff commitment, interdisciplinary teamwork and communication to prevent and mitigate errors and resident injury and harm

Create a highly effective and collaborative multidisciplinary team

- Ensure that key staff positions are filled with competent persons: administrator, director of nursing, nursing managers and supervisors, staff development/education, infection prevention and control nurse, medical director, dietary/nutrition services, therapy, wound/ostomy/continence nurse, activities, housekeeping, maintenance.
- Use staff ‘extenders’ when appropriate, such as aides or volunteers that can be present with and observe residents/patients during busy/vulnerable times such as shift change, mealtimes, and early evening hours.
- Ensure adequate staffing levels so that staff have time to complete their work, can have ‘eyes’ on the residents/patients at all times, can recognize and be responsive to their needs or changes in condition.
- If pool or float staff are required, ensure they have been thoroughly orientated to the organization before reporting to work, and are supervised throughout their shift and confirm understanding of expectations.
- Build team commitment to work together to help each other and to solve problems – “the only way we can succeed is by working together.”
- Set expectations for and model teamwork and problem solving as an IDT team – bringing decision making down and around to the people with the most expertise in the topics and processes being discussed.
- Build staff resiliency to promote stable staffing - “Our longevity means we know our residents well and we know and respect each other. Long and lasting relationships lead to a high level of commitment to quality and safety.”
- Partner with local academic organizations and community to enhance nursing assistant training and hiring referral process.
- Identify and implement evidence-based clinical guidelines and care pathways to guide staff in caring for residents with certain medical conditions (e.g., congestive heart failure, coronary artery disease, COPD, chronic renal failure, dementia, diabetes, orthopedic surgery).
- Establish and use palliative care and hospice programs for applicable residents.
- Consider educating and training key staff in having “End of Life” or “Life Sustaining Treatment Preferences” conversations to assure competency and consistent messaging. Train them as your home’s “Facilitators.” When changes in treatment preferences are received, assure timely communication, documentation and physician orders that reflect these changes. Train all charge staff on continuing goals of treatment conversations when a significant change occurs, so they are prepared to review and assure that we are following resident’s wishes.

Develop an infrastructure that promotes teamwork and communication and resident monitoring

- Set up communication strategies that support obtaining and sharing information about a resident prior to admission and in the immediate period following admission.
- Establish a consistent admissions process to prevent errors, omission and gaps in care.
- Implement consistent or permanent assignment (with nursing assistants and other staff such as nurses, dietary, housekeeping, maintenance) so that staff truly get to know the resident and can rapidly detect subtle changes in condition.

- Implement communication processes to ensure all staff have the information they need for each resident/patient that they are caring for (change of shift report from nurse to nurse, nursing assistant to nursing assistant, nurse to nursing assistant, shift huddles, unit huddles, care plan, nursing assistant care card, electronic care tracker prompts).
- Implement a process (e.g., morning stand up, 24-hour report) for all leaders to be kept updated on at least a daily basis of any potential or new admissions, changes in resident condition, or resident's at risk of changes in condition (e.g., those with medication changes, at risk for falls, changes in ability to perform ADL's). Establish the expectation that department leaders then share with their staff so that everyone is in the know about the resident's needs.
- Set up meeting structures and processes that support problem prevention, identification, mitigation and system redesign when necessary (e.g., daily stand up, clinical, Medicare, medical staff, department, safety, QA&A/QAPI, resident council, staff resiliency, pain, infections, skin, ethics).
- Set expectations that providers and other disciplines communicate openly and respectfully, to provide education and build team knowledge as part of treatment plan development and implementation.
- Share care plan with external clinicians (e.g., surgeons, primary care physicians, specialists) as appropriate.

Provide tools and resources that support staff commitment, teamwork, communication, and monitoring of residents

- Establish processes for and expectations to use communication tools that:
 - Track and monitor incidents, near misses/good catches.
 - Support nurse to provider communication to ensure timely and relevant communication is shared, such as through the use of SBAR communication tools.
 - Communicate changes in resident/patient condition immediately, such as the use of the 'stop and watch' tool.
 - Support effective handoff communication, to enhance information exchange during transitions in care.
- Provide tools that support ongoing continuous communication across staff (e.g., medical records, pagers, two way radios, cell phones to call/text, email).
- Establish process to 'escalate' reports of changes in resident condition, when needed, to ensure rapid assessment and response.
- Reward staff for recognizing and reporting changes of condition – show appreciation at various times (e.g., during huddles on all shifts, department meetings, morning stand-up meetings, shift change reports, evening and night shift meetings).
- Consider the role of using visual cues to support safety (e.g., laminated cue cards included on name badge lanyards, for FIRE response procedures or for communication framework such as AIDET, or magnets or symbols that are used to indicate residents at risk).

Continuously learn and improve organizational approaches to quality and safe care

Identify staff learning needs to provide safe care during orientation and ongoing

- Define the specific competencies and skills needed by your organization in order to ensure staff competence and establish process to keep updated.
- Develop a competency checklist for licensed nurses and nursing assistants, and a plan to assess competencies skills regularly.
- Do not assume that licensed or certified staff are competent in all required skills needed to support individual resident conditions and diagnosis, check their competency (e.g., check their blood pressure measurement, auscultation of lung sounds).
- Have the staff development/education leader attend meetings such as the following, listening for opportunities for training and education: daily safety meetings, department meetings, unit/floor meetings, QA&A/QAPI meetings, and pending admissions.

Provide orientation and ongoing education to support learning

- Use a variety of methods to provide education, taking into account concepts of adult learning, such as interactive short sessions, role play or simulations, videos or online learning modules.
- Use all resources available to support education, e.g., corporate experts, vendors, providers with varying specialties, trade organizations, QIN-QIO, Medicare Learning Network, students (e.g., OT and PT students provide in services to staff on what they are learning).
- Provide opportunities for staff to attend outside conferences and meetings, be proactive about getting up to speed on emerging care needs of the community.
- Participate in pilot projects and studies (e.g., partner with researchers, health department, community groups).
- Ensure staff receive education on:
 - o Safe resident/patient handling (e.g., transfers, ambulation, care of fragile skin, to avoid injuries and resulting bleeding).
 - o Prevention, recognition and treatment of delirium.
 - o Medications that are being used by the residents and the risks, benefits, and side effects of each.
 - o Everyone's responsibility to answer call lights and to keep 'eyes' on the residents.
 - o Infection prevention and control.
 - o Communication and team work (e.g., TeamSTEPPS).
 - o Diversity and inclusion.
 - o Prevention and reporting of abuse, neglect, maltreatment.
- Provide staff education on palliative care and hospice care – indications for, key principles and practices or these types of care.
- Have the staff development/education leader out and about on the units/floors, checking in with staff on education and training needs, providing just in time training and support as needed.
- Establish a process to ensure that learning occurs about new evidence-based best practices to promote safety in LTC (attendance at conferences, review of literature, discussions with providers, relationships with universities).
- Promote a learning culture – establish expectations and opportunities for continuous learning for all staff, through formal training, or through just in time learning and problem solving together.

- Encourage all staff to ask questions and provide a safe environment for that to occur (non-punitive and no verbal or nonverbal indication that questions are seen as ignorant, incompetent or negative).
- Leaders ask questions about errors, near misses, or opportunities to take advantage of those as learning opportunities - “Help me understand more about... why is this not working... who does it better...which methods work best?”
- Empower staff through leadership and emerging leader training or workgroups.

Evaluate effectiveness of education

- Use pretest and posttest measurements.
- Ask for feedback from staff on how to improve the education.
- Use teach back techniques - “In order to assess how well we did with teaching, tell me ...”
- Don’t assume that everyone remembers and assimilates into practice everything covered during training. Look for multiple opportunities to reinforce training.

Set organizational goals for safe care by using benchmark data

- Establish, with the board, leaders, and team, goals for the organization related to safety.
- Consider setting goals around available quality measures related to safety and harm prevention such as pressure injuries, urinary tract infection, readmissions, antipsychotic medication use.
- Identify benchmark data that are available for the nation, state, region, or corporation to assist in setting goals. Determine if the goal is to be, for example, in the top decile or quartile, better than the average, or to improve by a certain relative or absolute percentage.

Identify and track measures to understand organizational performance, and provide feedback

- Identify sources of data and measures to assess:
 - o Resident, family, staff, provider, partner (e.g. ACO), volunteer, community feedback related to safety issues.
 - o Resident, family, staff satisfaction.
 - o Staff safety culture survey.
 - o Audit findings (e.g., independent, corporate, Joint Commission, SNFQAPI, EQUIP for quality) related to safety issues such as med pass, infection prevention practices including hand hygiene, personal protective equipment, environmental cleaning.
 - o Clinical quality outcomes.
 - o Quality of life.
 - o Infections (including maps of infections in the building).
 - o Antibiotic use overall, by unit, by provider, by drug/drug class, by diagnosis.
 - o Antibiotic use in residents with infections that met and did not meet McGeer criteria.
 - o Opioid use.
 - o Readmissions (root cause analysis findings for all readmissions).
 - o Utilization, Length of Stay.
 - o Incidents.
 - o Vulnerable Adult reports.
 - o Near misses/good catches.
 - o Medication errors.

- o Adverse events related to medications (such as delirium from opiates or psychotropic medication, excessive bleeding, hypoglycemia or ketoacidosis, drug toxicities, electrolyte imbalance, altered cardiac output related to cardiac/blood pressure medication).
 - o Medications that were held or are on hold.
- Provide feedback on audit findings to providers and staff.

Identify and prioritize areas to improve

- Consider areas identified through: dashboard(s), incidents, near misses, unsafe conditions, feedback from staff, families, residents, survey deficiencies.
- Establish a process to review real time data and monthly, quarterly, or annual data.
- Compare measures to organization goals for the measures and to benchmarks (what results are the high performers getting).
- Look for and communicate trends that indicate opportunity for improvement.
- Establish a method to prioritize opportunities - give opportunities related to safety high priority.

Use a quality improvement process to plan, implement, evaluate changes made

- Educate yourself and staff on quality improvement methodologies that will be used in the organization (e.g., LEAN, Plan-Do-Study Act/PDSA Cycle, or Model for Improvement).
- Involve those who care about the process being improved.
- Consider chartering a multi-disciplinary improvement team for recurring problems or that involve multiple departments.
- Assign a leader for performance improvement teams that has been trained in quality improvement and managing projects.
- Provide tools that support the team in conducting prompt event investigation (e.g., post fall huddle tools, near miss reports, incident reports, root cause analysis tools such as the 5 whys diagram or fishbone diagram).
- Define how you will know if the changes made will result in an improvement – how will you know if they were implemented as intended and if they were effective and had an impact.
- Ensure that the actions/changes being implemented address the root causes.
- Proactively seek out change ideas from the literature, staff, residents, families, partner organizations, trade or professional organizations, community partners, by sending staff on site visits to other nursing homes to learn from them.
- Use pilot tests or small tests of change when testing new interventions to make sure they work as intended, before rolling out to all staff.
- Communicate with all staff what the new expectations are, why the changes are being made and how the changes will make a difference.
- Monitor that changes are made as intended, and having the desired impact. If changes are not made as intended, explore the barriers that staff are encountering and work to address those barriers. If changes are not having the intended impact, continue with the PDSA process.
- Be transparent with data – with all staff, residents, families, community partners – “We can manage what is measured and known.”
- Share dashboards/data that visually display organizational measures and progress in break rooms or other shared areas where informal conversation occurs.
- Pay attention, support, monitor the work being done and the results of quality improvement teams - “What leader’s measure, control, and pay attention to gets improved.”