

## APPENDIX A: Need Ideas for Where to Begin? Focus Here First



Establishment of foundational components of a safety culture (leadership, resident and family engagement, committed staff that communicate and work together as a team, and strategies to continuously learn and improve) and staff implementation of specific actions to prevent resident adverse events, harm, abuse and neglect involves many strategies and actions, as described in this Change Package.

A common question is ‘what is most important to focus on first?’ Nursing homes participating in the development of this Change Package provided the following suggestions on priorities for preventing all cause harm for residents. Without focus on these areas, you are putting residents and staff at risk for adverse events, harm, injury, errors, neglect.

### **Harm Prevention in Nursing Homes: Ideas for where to start.**

#### **1. Shore up staffing.**

- a. Ensure you have the right people in key positions.
- b. Ensure you have adequate mix and number of staff on the units – use the facility assessment as a guide.
- c. Define the specific competencies and skills needed by your organization in order to ensure staff competence (nursing, therapy, dietary, etc.).
- d. Focus on staff development, training, and continuing education.
- e. Be clear about standards of behavior for staff, have those in writing.
- f. Decrease or eliminate use of pool staff that do not know your residents and organizational processes.
- g. Take care of the staff and build resiliency – happy, stable staff leads to happy, safer residents, and contributes to improved safety.
- h. Partner with local academic organizations and community to enhance nursing assistant training and nursing assistant referral process.
- i. Consider your census and be bold enough to hold admissions in response to staffing issues.

#### **2. Know the residents and their needs and areas of risk; plan care with them.**

- a. Leaders and staff must have in-depth knowledge about each resident, anticipate problems and needs.
- b. Work with each resident to set goals and plans of care (balancing resident freedoms with safety).
- c. Ensure that residents receive appropriate care and that care plans are kept up to date.
- d. Make sure all staff have the information they need to provide safe care for the resident.
- e. Identify and address concerns before they become a problem “safety is everyone’s responsibility – if you see something, say something.”
- f. Have a system for staff to share knowledge/best practice for individual resident care plans.

**3. Prevent, identify, and address gaps in care.**

- a. Establish a consistent admissions process to prevent errors and improve the resident/patient/family experience.
- b. Back each other up – build in multiple, independent checks to ensure there are no gaps in evidenced-based care and treatments, processing and following-up on orders, tests and results, appointments, etc.
- c. Look for gaps from survey results; quality measures; resident, family, and staff feedback and complaints; provider and community feedback; audits.
- d. Address any known gaps in care immediately by improving processes and systems.
- e. Recognize recurring problems as weaknesses or failures of the organization's processes and systems – which leadership has responsibility to address.

**4. Promote excellent multidisciplinary team work.**

- a. Focus on efficient and effective communication within and across teams.
- b. Provide care, monitor residents and staff, problem solve and make decisions together.
- c. Push decision making to those with the most expertise and those impacted by the processes being discussed.
- d. Model and set expectations that all team member voices are valued and trusted.

**5. Provide tangible leadership engagement with staff and residents.**

- a. Ongoing frequent rounding and presence on the units/floors and during meetings, interacting with and supporting residents, families, staff, providers, ensuring care safety risks are identified and addressed, ensuring adequate and safe physical environment, equipment, supplies.
- b. Pay close attention to what is happening on the front lines that impacts direct care – looking for any actual or potential areas of failure in care or environment – no area too big or too small to address.
- c. Articulate, model, and recognize high expectations around safety, quality, rights, choice, and respect – care for residents as family, safety is everyone's role.
- d. Use resident and family quality of life/satisfaction surveys as a tool for conversation in resident and family councils.

**6. Ensure excellent, competent, available, continuous care—onsite.**

- a. Medical: Providers with expertise in geriatrics, wound care, psychiatry, podiatry, dental, vision (all areas of specialty needed for your population).
- b. Psychosocial: Staff with expertise in activities, spiritual, social, recreational aspects of well-being.
  - i. Offer individualized and group activities to promote psychosocial, physical, and spiritual health, and prevent loneliness, isolation, depression, and boredom which can lead to harm and injury.
  - ii. Use staff with specialized training (social services, etc.) to help formulate strong behavioral plans/interventions.