

WALKING ROUNDS

Minnesota Veterans Home - Silver Bay



Presented by:

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Introduction



- When the ICan opportunity opened up, it came at a perfect time. Why?
 - COVID Restrictions lifted
 - Culture in our facility began to “return to normal”
Visitors, guests, kids, and groups re-entered the facility 😊
 - Staff felt a sudden sigh of relief and a positive hope for the future
 - A renewed pride to live up to our Mission, Vision, and Values was created!

Not only that, the Veterans Home initiated a QAPI project prior to the ICan opportunity which successfully charted a mentor program called:

The “Stars and Stripes Mentor Program”

- This project created opportunities for four Mentors at the Nursing Assistant level (Human Service Technician – HST)
- Two of these HST Mentors interviewed and were promoted into an HST Lead position called “Veteran Care Specialist”.

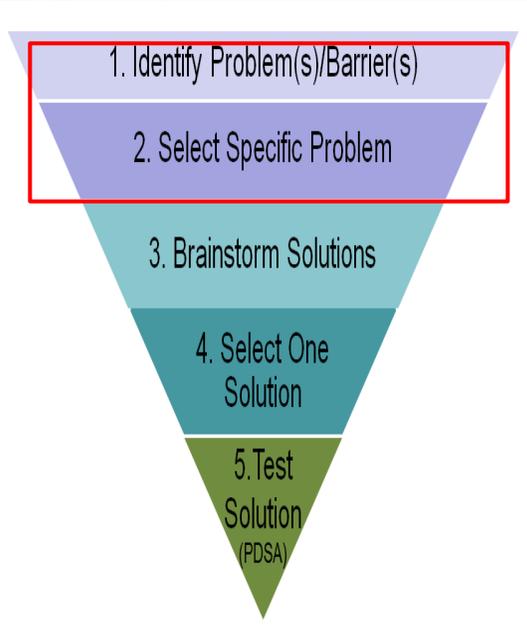
Introduction Con't



Our Mentors continued to participate in their education to become strong leaders, and the ICan project was the perfect opportunity for us to introduce QAPI. It initiated the importance of empowering them to create and implement a process that was meaningful to their important work on the floor.

We will show you today the QAPI process and the outstanding work that Natasha Hollaway – HST/Veteran Care Specialist has done in creating “Walking Rounds” at the MN Veterans Home.

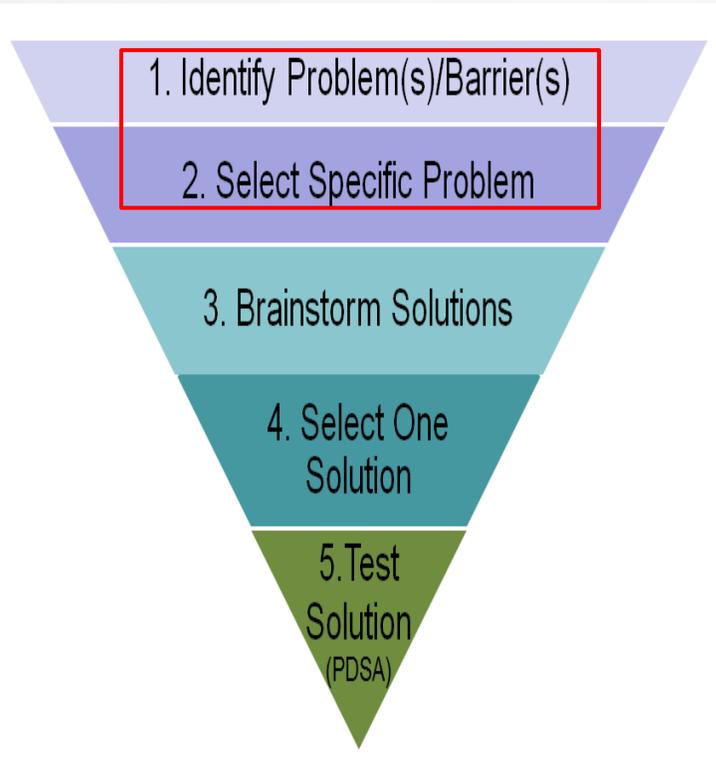
Identify Problems/Barriers



All mentors and project lead met and brainstormed ideas on what was being seen as “problems” while working on the floor. We identified these as “areas of improvement”. Here is what was noted:

- 1. Culture surrounding each shift was negative**
- 2. There is a disconnect in communication between HST’s at shift change**
- 3. Lack of teamwork for the good of the resident and their cares**
- 4. Each shift was blaming the previous shift if something negative happened**

Select Specific Problem



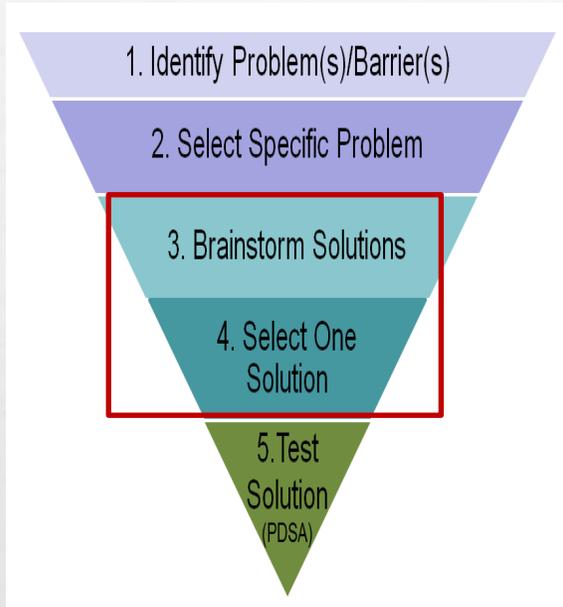
At the end of the brainstorming session the specific problem or “area of improvement” was identified for two categories:

1. Culture surrounding each shift was negative
2. **There was a disconnect in communication between HST’s at shift change**
3. **Lack of teamwork for the good of the resident and their cares**
4. Each shift was blaming the previous shift if something negative happened

Area of improvement: *Communication*

Please note: the area of improvement identified was Communication but also Accountability!

Brainstorm Solutions



Brainstorm session included asking questions first:

There is a disconnect in communication between HST's at shift change

Why? Resident report is recorded by the RN/LPN from previous shift

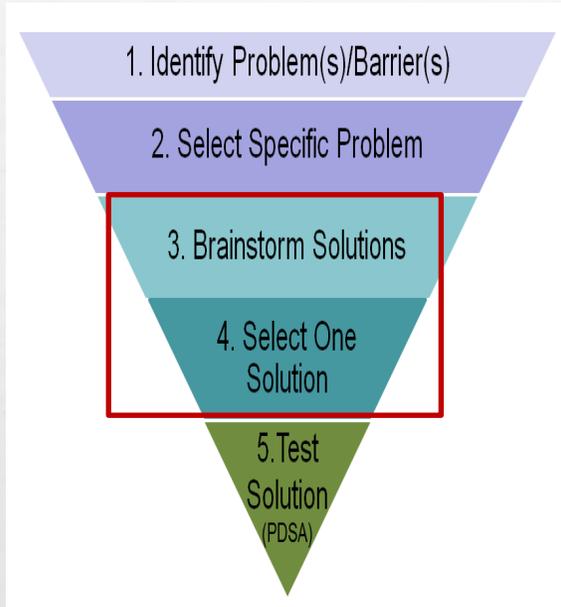
Why? This is how it has always been done

Why? To have a run-down of each resident

Why? So everyone can know how the previous shift went

So, what is missing? The information is valuable, but it is felt that recorded report does not give the complete picture from the HST perspective. (Cares, behaviors, sleep, mood, eating, bathing, and refusals.) Recorded report only gives medical/RN/LPN perspective. - Communication

Brainstorm Solutions



Lack of teamwork for the good of the resident and their cares

Why? Items from previous shift not completed

Why? “Too busy” (i.e. to take the garbage out)

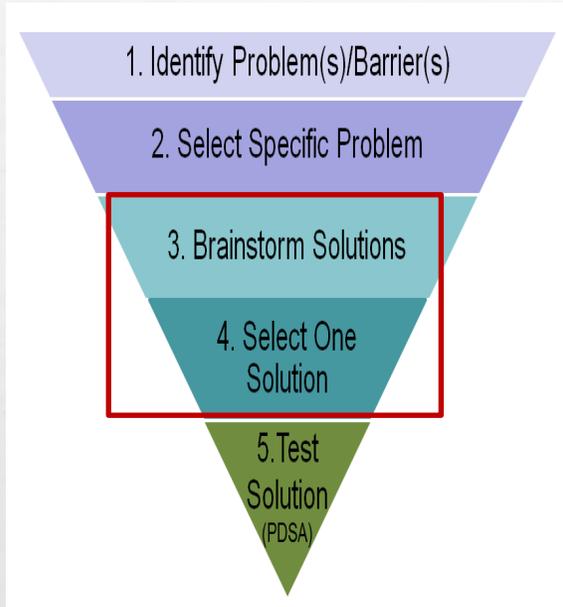
Why? Residents were active

So, what is missing? The value of helping peers start the shift positively – items are being left for the next shift to take care of

Please explain ‘next shift to take care of’: resident cares (wet), clothing soiled, garbage not taken out, closets not stocked with needed supplies, rooms are out of order, baths not given (or different bath if refusal) - Accountability

***please note, this was our brain storming activity, does not reflect every day cares**

Brainstorm Solutions



Proposed solutions were:

- **Ask the RN Supervisors to do audits on cares**
- **Involve housekeeping on auditing room order and stocking**
- **Create a way for HST's to round with each other prior to the end of shift**
- **Create checklists and educate staff on shift responsibilities**

Our solution: HST rounding – “Walking Rounds”

PILOT WALKING ROUNDS - TIMELINE

Plan: Walking Rounds roll-out to West side of building (2 households)

Education provided: July 24 – 30

Roll-out on West: July 31 – August 13 (Survey of process 8/13 – 8/16)

Education East: August 7 – 13 (2 households)

Review Measures: August 14 – 15 (Review process – make changes)

Roll-out E and W: Aug 16 – 31 (End of Data for Pilot/ICan)

Review Measures: Sept. 5 – 8

(*Survey of process will go out for E & W 9/18)

Continue Walking Rounds: Review process (PDSA)



CURRENT REPORT PROCESS

CURRENT REPORT PROCESS

0700, 1500, 2300 all on-coming staff go to report room

Go through 24 hour board of residents on monitoring

Listen to report from previous shift RN/LPN

Current RN/LPN gives tasks due for the shift: who needs to be monitored with vital signs, orthostatic BP, weights, fluids and who is on for baths

Review selected care plans for updates.

WALKING ROUNDS PROCESS

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WALKING ROUNDS PROCESS

0700, 1500, 2300 HST meet with care partner HST and walk to each resident room for verbal report of previous shift.

Care Partner Communication Form completed for the following measures:

- **Toileting, bedding, clothing, room order, stocking, documentation, and bathing**

HST to conduct short huddle with household nurse for important daily tasks including: 24-hour board monitoring, vitals, bathing etc.

GOAL

95% compliance in the 7 categories of completion per shift (not per resident)

Categories:

Resident: Wet or Dry (added Independent 8/16 after review)

Bedding: Clean or Soiled

Clothing: Clean or Soiled

Room Order: Clean or Soiled

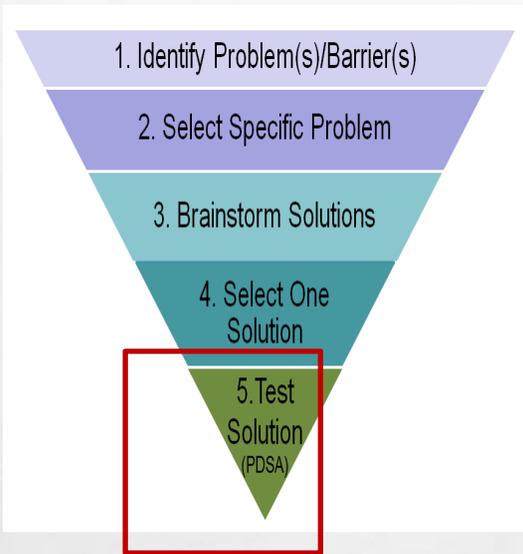
Stocking Complete: Yes or No

Documentation Complete: Yes or No

Scheduled Bath Complete: Yes or No

(Area for notes was included to document resident refusals and if questions were

Marked with Wet, Soiled, or No to explain why)



OUTCOMES – WEEK 1-2 WEST

Blue Spruce 34/41 Communication forms turned in for 83%: 5 forms not completed Mean = 29

15 Residents

Soiled/Wet

Clean/Dry/Completed

% Compliance

Toileting	0	29	100%
Bedding	1	28	97%
Clothing	3	26	90%
Room Order	1	28	97%
Stocking	1	28	97%
Documentation	0	29	100%
Baths	22 Completed	40 total scheduled	55% 1 refusal

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OUTCOMES – WEEK 1-2 WEST

Evergreen 36/41 Communication forms turned in for 88%: 0 forms not completed Mean = 36

15 Residents

Soiled/Wet

Clean/Dry/Completed

% Compliance

Toileting	12	24	66%
Bedding	5	31	86%
Clothing	13	23	64%
Room Order	3	33	92%
Stocking	3	33	92%
Documentation	0	36	100%
Baths	23 Completed	32 total scheduled	72% 0 refusal

Improved:

1. Communication

2. Resident Care

3. Accountability

SUCCESSSES

LESSONS LEARNED — FROM OUR SURVEY

1. HST'S DID NOT FEEL THEY WERE GETTING ALL THE INFORMATION THEY NEEDED FOR THEIR SHIFT

PREFER: GO TO REPORT, TO LISTEN TO RECORDING, THEN GO OUT FOR WALKING ROUNDS

2. PREFER TO NOT WAKE RESIDENTS IF THEY ARE SLEEPING FOR WALKING ROUNDS

UNLESS CARE PLANNED FOR TOILETING OR REPOSITIONING

RECOMMENDED TO UPDATE COMMUNICATION FORM TO "FOCUSED RESIDENTS"

3. IF WORKING A SECOND SHIFT SWITCHING POSITIONS (I.E. NURSE ON DAYS, HST ON EVE'S) WALKING ROUNDS NOT POSSIBLE AS HAVE TO FINISH NURSE DUTIES.

NO RECOMMENDATIONS AT THIS TIME

NEXT STEPS

WALKING ROUNDS CONTINUES TO BE A WORK IN PROGRESS. WE ARE IN THE STUDY PHASE OF THE PDSA MODEL. PRELIMINARY REVIEW SHOWS OUR NEXT STEPS INCLUDE:

- 1. CONTINUE MONITORING AND COLLECTING DATA – INCLUDING SURVEYS TO STAFF**
- 2. REVIEW OPPORTUNITY FOR ALL NURSING STAFF TO START IN REPORT, LISTEN TO RECORDING, GET TASKS ASSIGNED, THEN GO OUT FOR WALKING ROUNDS ON “FOCUSED” RESIDENTS.**
- 3. UPDATE CARE PARTNER COMMUNICATION FORMS TO DECREASE THE AMOUNT OF WRITTEN CHARTING AND MONITOR “FOCUSED” RESIDENTS AS DEEMED BY COLLABORATIVE NURSING TEAM.**





THANK YOU

THANK YOU TO THE NURSING STAFF AT THE MN VETERANS HOME SILVER BAY FOR PARTICIPATING IN THIS PROCESS IMPROVEMENT PROJECT.

THANK YOU LEADERSHIP FOR GIVING FULL SUPPORT IN ALLOWING US TO TAKE THE LEAD ON MAKING A CHANGE TO IMPROVE NOT ONLY OUR WORK FLOW, BUT HOW WE CARE FOR OUR RESIDENTS.

THANK YOU NATASHA HOLLAWAY FOR YOUR COLLABORATION WITH YOUR PEERS, HONESTY, AND COUNTLESS HOURS FORMULATING “THE PLAN”.

THANK YOU TO LEADINGAGE MN FOR CREATING THE ICAN PROJECT AND ALLOWING OUR NEW LEADER (S) TO LEARN MORE ABOUT THE QAPI PROCESS.



TEAM MEMBERS

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