



Clear Webinar Series: Engaging in Effective Communication & Personalized Approach to Care

June 28, 2018



Please note:

This webinar is being recorded

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Your Clear team



Kate Harris, Improvement Advisor

Sabrina Khan, Project Coordinator



Geoff Schierbeck, Improvement Advisor

Eric Young, Health Data Analyst



Dr. Chris Rauscher, Clinical Lead

Kevin Smith, Director of Communications



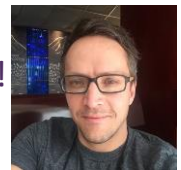
Dr. Ian Bekker, Clinical Lead

Leanne Couves, Interim Clear Director



Meagan Brown, New Program Assistant
Coming Soon!

Tomasz Majek, New Director Coming Soon!



Interacting in WebEx

The screenshot displays the WebEx interface. On the left, a large white area contains the text "Today's Tools:" followed by a list of four items: "1. Pointer" with a blue arrow icon, "2. Raise Hand" with a hand icon, "3. Yes / No" with green and red checkmark/cross icons, and "4. Chat". Above this list is a toolbar with various icons, including a blue arrow icon which is highlighted with a pink box. On the right, a "Participants" panel shows a list of participants. Under "Speaking:", there is a "Panelist: 1" section with "BCPSQC - 2 (Host, me)" and a video icon. Below that is an "Attendee: 0" section. At the bottom of the interface, there is a chat area. A pink box highlights the "Send to:" dropdown menu, which is set to "All Participants". Below this, there is a text input field with the placeholder text "Select a participant in the Send to menu first, type chat message, and send..." and a "Send" button. Another pink box highlights the "Raise Hand" icon (a hand) in the bottom toolbar, along with the green and red checkmark/cross icons. A third pink box highlights the "Smiley Face" icon in the bottom toolbar.

Today's Tools:

1. Pointer ➡
2. Raise Hand 🙋
3. Yes / No ✓ or ✗
4. Chat

Participants

Speaking:

Panelist: 1

BCPSQC - 2 (Host, me)

Attendee: 0

Send to: All Participants

Select a participant in the Send to menu first, type chat message, and send...

Send



Who's Online?

- ☐ Aberdeen Hospital
- ☐ Augustine House/Haven House
- ☐ Beacon Hill Villa
- ☐ Bevan Lodge Residential
- ☐ Comox Valley Seniors Village
- ☐ Cumberland Lodge
- ☐ Dufferin Care Centre
- ☐ Elim Village, The Harrison/Harrison West
- ☐ Glacier View Lodge
- ☐ Good Samaritan Wexford Creek
- ☐ Gorge Road Hospital
- ☐ Guildford Seniors
- ☐ Heritage Square
- ☐ Jackman Manor
- ☐ Kamloops Seniors Village
- ☐ Kiwanis Village Lodge
- ☐ Louis Brier Home and Hospital
- ☐ Maple Ridge Seniors Village
- ☐ Nanaimo Seniors Village
- ☐ Nanaimo Traveller's Lodge (Eden Gardens)
- ☐ Peace Villa
- ☐ Powell River General Hospital
- ☐ Qualicum Manor
- ☐ Renfrew Care Centre
- ☐ Richmond Lions Manor Bridgeport
- ☐ Rosemary Heights Seniors Village
- ☐ Rotary Manor
- ☐ Royal City Manor
- ☐ Selkirk Place (Selkirk Seniors Village)
- ☐ Shorncliffe
- ☐ Simon Fraser Lodge
- ☐ Stanford Place
- ☐ The Pines
- ☐ The Residence at Morgan Heights
- ☐ The Residence in Mission
- ☐ Valhaven Rest Home
- ☐ Valleyhaven
- ☐ Waverly-Grosvenor House Ventures
- ☐ Willingdon Creek Village
- ☐ Woodgrove Manor
- ☐ Yucalta Lodge

Don't see your name? Use the text tool to tell us in the Chatbox!

Clear Aim:

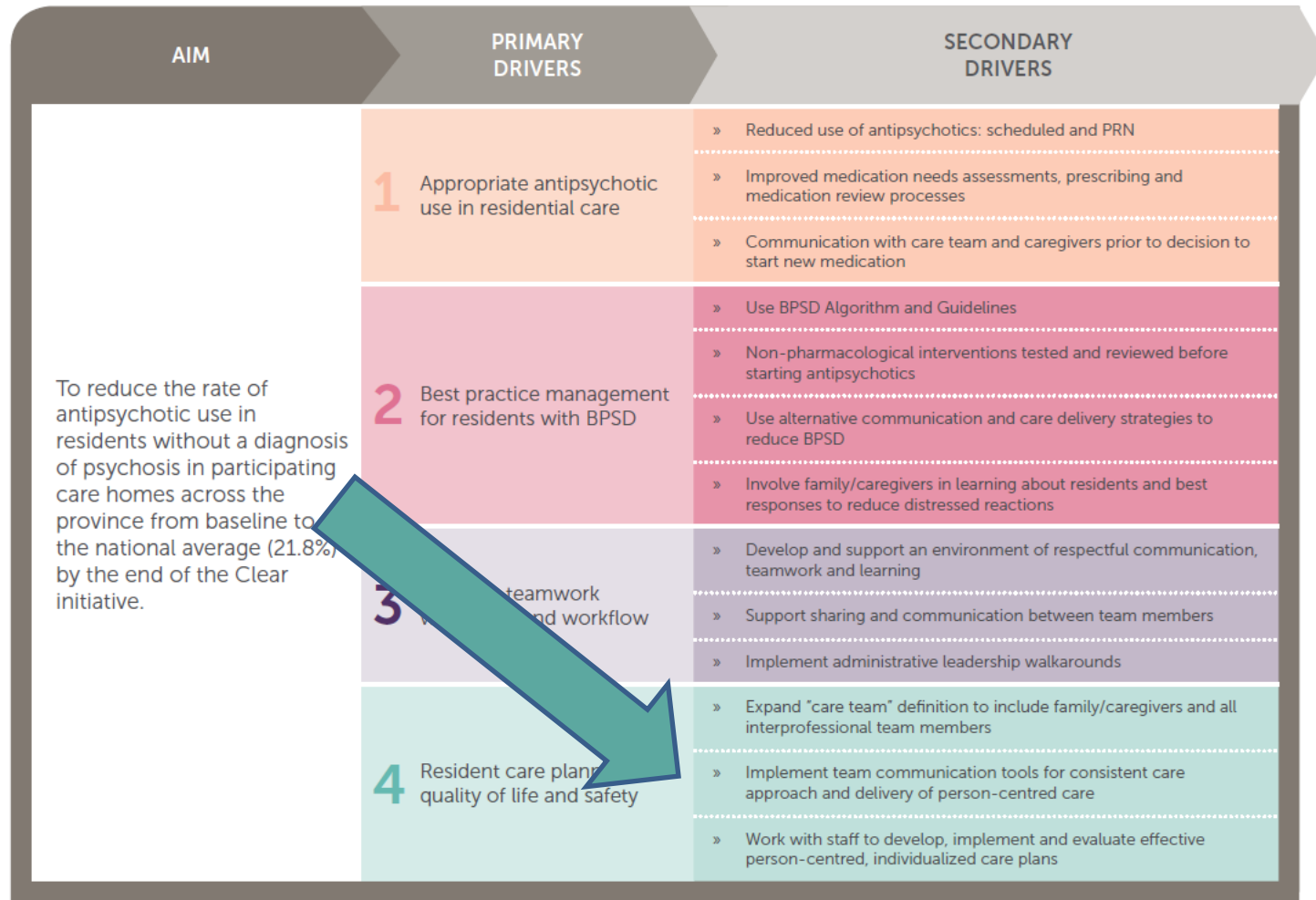
What Do We Want to Achieve?

The provincial average for potentially inappropriate use of antipsychotics is 25.9%, which is above the national average of 21.8%.

AIM: To reduce the rate of antipsychotic use in residents without a diagnosis of psychosis in participating care homes across the province from baseline to the national average (21.8%) by the end of the Clear initiative.

*The percent figures are reported from CIHI for 2016-17 Q4 (adjusted rate).

Driver Diagram



Learning Objectives

By the end of this webinar, participants will:

- Recognize elements of unstructured and structured communication that support effective teamwork
- Apply communication techniques discussed in the webinar

All Teach All Learn



Review and Discussion

Exploring Foundation of Strong Teamwork & Communication



Exploring Foundations of Strong Teamwork & Communication

- *What is culture and why is it important?*
- *How can non technical skills impact culture?*
 - *Power Distance Index*
 - *Mitigated Speech*
 - *Psychological Safety*

What are you working on?
What can we help you with?

Mitigated Speech

- How do we practice inquiry?
 - Do you less talking
 - Do more asking
 - Get better at listening to and acknowledging others

Schein, 2013

Mitigated Speech

- Cultivate leadership inclusiveness and trustworthiness
 - Moderates PDI/status
- How?
 - Commitment to learning from mistakes
 - Understand underlying factors

Aranzamendez, 2014; Edmondson, 2011

Which ones have you done so far?

1. Create a teamwork agreement
2. TRIZ
3. Guided discussion on webinar topics
4. Watch and discuss “how does your team communicate video”



Engaging in Effective Communication

Kathryn Proudfoot

Geoff Schierbeck



What we are covering today



Unstructured Communication

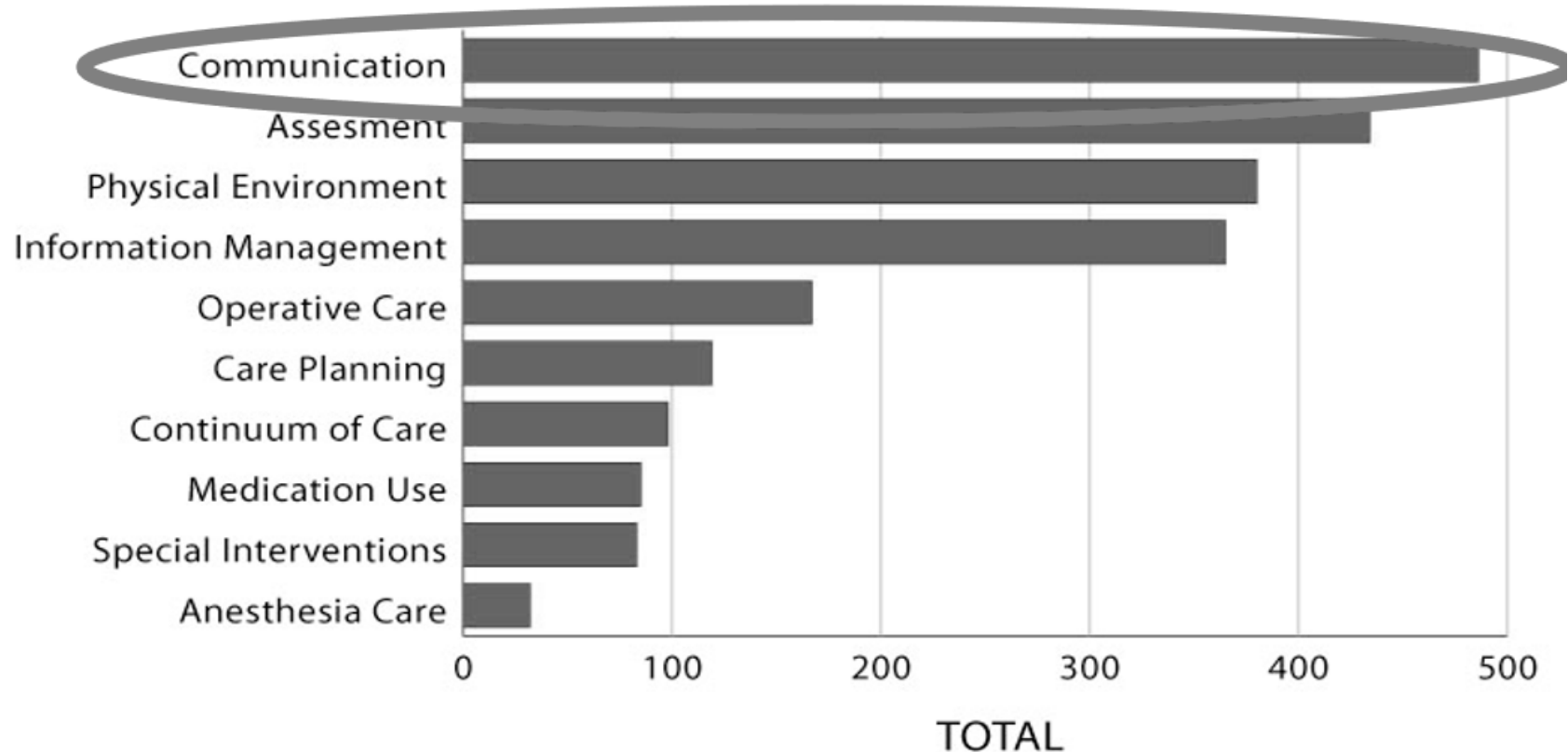
- Communication Styles
- Sense-Making
- Judger-Learner Mindset
- Direct Communication
- Triangulation

Structured Communication

- SBAR
- Huddles
- Three Ws

Do we have a problem?

Root Causes of Sentinel Events



Joint Commission, 2011

“If teams are the foundation of health care delivery, then communication is the cement which holds teams together.”

Poole & Real, 2003

Foundations for Effective Communication

- Understand different communication styles
- Acknowledge sense-making
- Use direct communication
- Avoid triangulation

Poll!

Do you take into account different communication or personality styles when you communicate with others on your team?

A: Yes

B: No

C. Unsure

Detail-oriented
Empathetic
Nonconfrontational
curious
Risk-taker Risk-averse Logical
Visionary
Methodical Diplomatic
Deeply Introvert Competitive
Focused
Extrovert

Everyone has their own communication style...and that's good!



Understanding communication styles

- Open communication with your team about your communication style and preference
- Recognize how it influences the way you communicate with others
- Think how you can lean into the communication styles of others to ‘bridge the gap’ of your communication styles

Sense-making

A high-speed photograph of a water droplet hitting a surface, creating a crown-shaped splash. The water is clear and reflects light, set against a dark, textured green background. Concentric ripples spread out from the point of impact.

“making up a story about other people’s experience to fill in gaps in our knowledge...”

Poll!

Have you “sense-made” with a member of your team in the last week?

A: Yes

B: No

C. I am right now!

Addressing sense making

- Use clear language
- Talk right here, right now
- Be curious!
- What is your mindset? Are you learning or judging?

Bushe, 2010

Judger vs. learner mindset



Adams, 2013

Cultivating a learner mindset

- Am I in a learner mindset or in a judger mindset?
- What do I want for myself, others and the situation?
- What assumptions am I making – about myself, others and the situation?
- How else can I think about this?
- What else might be going on for the person?

Adams, 2013

Direct communication

“It is clear, straightforward, and involves the two-way, free-flowing sharing of thoughts, feelings, and ideas.

There is no pretense or hidden messages in **direct communication**; its purpose is quite simply to get or give information from one person or group of people to another.”

Triangulation
negatively affects
teamwork and
communication

What is the impact of triangulation?

Addressing triangulation in your team

- Reflect on the role of triangulation in your team
- When you see triangulation, how can you encourage a direct approach?
- Revisit your teamwork agreement
 - Ground rules? Avoiding triangulation? Fostering direction communication?
- Create a psychologically safe environment
 - People feel safe to speak up

What we are covering today



Unstructured Communication

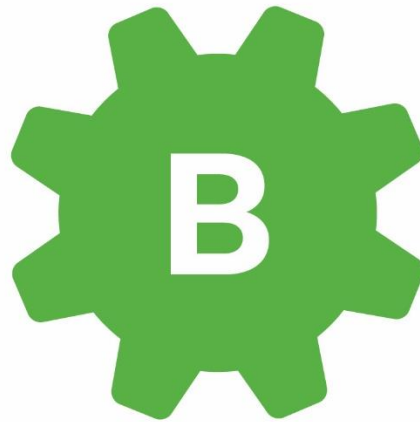
- Communication Styles
- Sense-Making
- Direct Communication
- Triangulation

Structured Communication

- SBAR
- Huddles
- Three Ws



SITUATION



BACKGROUND



ASSESSMENT



RECOMMENDATION

Imagine this...

You are a LPN working in long term care. You have a resident with dementia who has just had a recent reduction in their anti psychotics. Care aides are coming to you with reports of increased incidents of responsive behaviours, especially during bath time. The resident either refuses or becomes very anxious. Last evening, two care aides attempted to provide the resident a bath after skipping two previous attempts for fear of escalating behaviours. During this last attempt, the resident bit down on one the care aide's arm. The entire team is very upset and you don't want to just increase his meds.

Situation

- Mr. Smith dx dementia who has had a recent reduction in antipsychotics is exhibiting escalating violent behaviours, especially at bath time. Most recently, resident bit a care aide who was attempting to bath him.



Situation

- Resident who is exhibiting escalating violent behaviours, especially at bath time. Most recently, resident bit a care aide who was attempting to bath this resident.

Background

- He is a 73 year old male with a diagnosis of dementia. He has a history of responsive behaviours however were previously well managed on his quietapine. He has had a recent reduction in his anti psychotics and care staff feel his escalating violent outbursts are related to this.



Situation

- Resident who is exhibiting escalating violent behaviours, especially at bath time. Most recently, resident bit a care aide who was attempting to bath this resident.

Background

- He is a 73 year old male with a diagnosis of dementia, Alzheimer's related. He has a history of responsive behaviours however were previously well managed. He has had a recent reduction in his anti psychotics and care staff feel his escalating violent outbursts are related to this.

Assessment

- The approach to the baths the care team is taking has not been changed since the reduction of the quietapine.

Recommendation



Situation

- Resident who is exhibiting escalating violent behaviours, especially at bath time. Most recently, resident bit a care aide who was attempting to bath this resident.

Background

- He is a 73 year old male with a diagnosis of dementia, Alzheimer's related. He has a history of responsive behaviours however were previously well managed. He has had a recent reduction in his anti psychotics and care staff feel his escalating violent outbursts are related to this.

Assessment

- The approach to the baths the care team is taking has not been changed since the reduction of the quietapine.

Recommendation

- Before we revisit the medications we need to look at how we can make changes to the bath routine to meet the specific needs of the resident.



SBAR Worksheet

(BPSD) in Residential Care

SBAR Checklist to prepare for conversation with Physician (Not intended for FAX)

S SITUATION	Resident Name: _____	Date: _____	Time: _____
	Antecedents (behaviour triggers): _____		
	Describe Behavioural Concern: _____		
	Consequences: _____		
	Acute/sudden Change? <input type="checkbox"/> If Yes, consider delirium Confusion Assessment Method (CAM) Score _____ <input type="checkbox"/> If No, date of onset _____ Cohen Mansfield Agitation Inventory (CMAI) _____		
B BACKGROUND & CLINICAL INFORMATION	Is there a care plan for this behavior? _____		
	Non-pharmacological Interventions tried _____		
	Pharmacological Interventions tried _____		
	Review: <input type="checkbox"/> MAR/Med Profile <input type="checkbox"/> Lab results <input type="checkbox"/> Advance Care Plan		
	<input type="checkbox"/> Medical Orders for Scope of Treatment (MOST), Goals of Care, Other		
	Think PIECES		
	Physical		
	BP _____/_____	Last BM _____	Vision _____
	SpO2 _____	Pulse (HR) _____	Last void _____
	Glucose _____	Resp _____	PVR _____
Allergies _____	Temp _____	Pain _____	
A ASSESSMENT	Level of Consciousness: <input type="checkbox"/> Alert <input type="checkbox"/> Drowsy <input type="checkbox"/> Fluctuates		
	Relevant Medical Hx _____		
	Intellectual (type of dementia): _____ Emotional (mood, hallucinations, delusions, anxiety, sleep): _____ Capabilities (mobility, continence): _____ Environment (where/when behaviour occurs): _____ Social (life story): _____		
R RECOMMENDATION	<input type="checkbox"/> The change/issue is _____ <input type="checkbox"/> I am not sure what the problem is but the resident is deteriorating. <input type="checkbox"/> The risk is (type & degree i.e. imminent danger to _____)		
	Please consider: _____		
	<input type="checkbox"/> Assess the resident onsite (expected time) _____		
	<input type="checkbox"/> Further consultation with: _____		
	<input type="checkbox"/> Further tests or treatments: _____ <input type="checkbox"/> If the resident does not improve when do we call again? _____		

Developed by and shared with permission of Interior Health

Huddles



**“Huddles enhance
team communication
and patient safety.”**

Hayden et al, 2010

Outcomes

- Improved patient outcomes
 - Reduced infections & medication errors
- 97% more aware of patient/resident challenges
- Improved teamwork, communication and satisfaction scores

Glymph et al., 2015 | Ali et al., 2011 | Martin et al., 2015

Tips for Successful Huddles

- Consistent time
- Convenient location
- Clear objectives for each huddle
- Limited duration
 - 15 minutes or less

Tips for Successful Huddles

- Format:
 - Review objectives
 - Review key issues/actions
 - Plan for action
 - Next steps

IHI, 2004 | Glymph et al., 2015 | Shunk et al., 2014

Huddle Worksheet

HUDDLE WORKSHEET

What are the reasons for holding a daily huddle?

What topics will be discussed?

What prep does it require?

What are some potential solutions?

What are some potential hurdles?

What preparation needs to be done and by whom?

We will spend _____ minutes huddling.
We will huddle at _____ (time)
_____ (place)
Huddle start date _____

BC PATIENT SAFETY & QUALITY COUNCIL
Working Together. Accelerating Improvement.

Three W's

- What I see
- What I am concerned about
- What I want



What I see

- *I can see Mrs. Jones is getting frustrated with the staff since we decreased her quietapine.*



What I see

- *I can see Mrs. Jones is getting frustrated with the staff since we decreased her quietapine.*

What I am concerned about

- *I'm concerned this may lead to us bumping up her meds again.*



What I see

- *I can see Mrs. Jones is getting frustrated with the staff since we decreased her quietapine.*

What I am concerned about

- *I'm concerned this may lead to us bumping up her meds again.*

What I want

- *I would like set up a care conference with the staff and family to create a personalized approach to Mrs. Jones to avoid increasing her quietapine.*



Three W's Worksheet



Sample tool of using the Three Ws

THREE WS	RESPONSE
What I see	
What I am concerned about	
What I want	

Additional Comments:

Applied Learning Challenge!

Applied learning activities – pick at least one

- There are a few to choose from
- Work through one or more as a team
- We will share some experiences at the next webinar



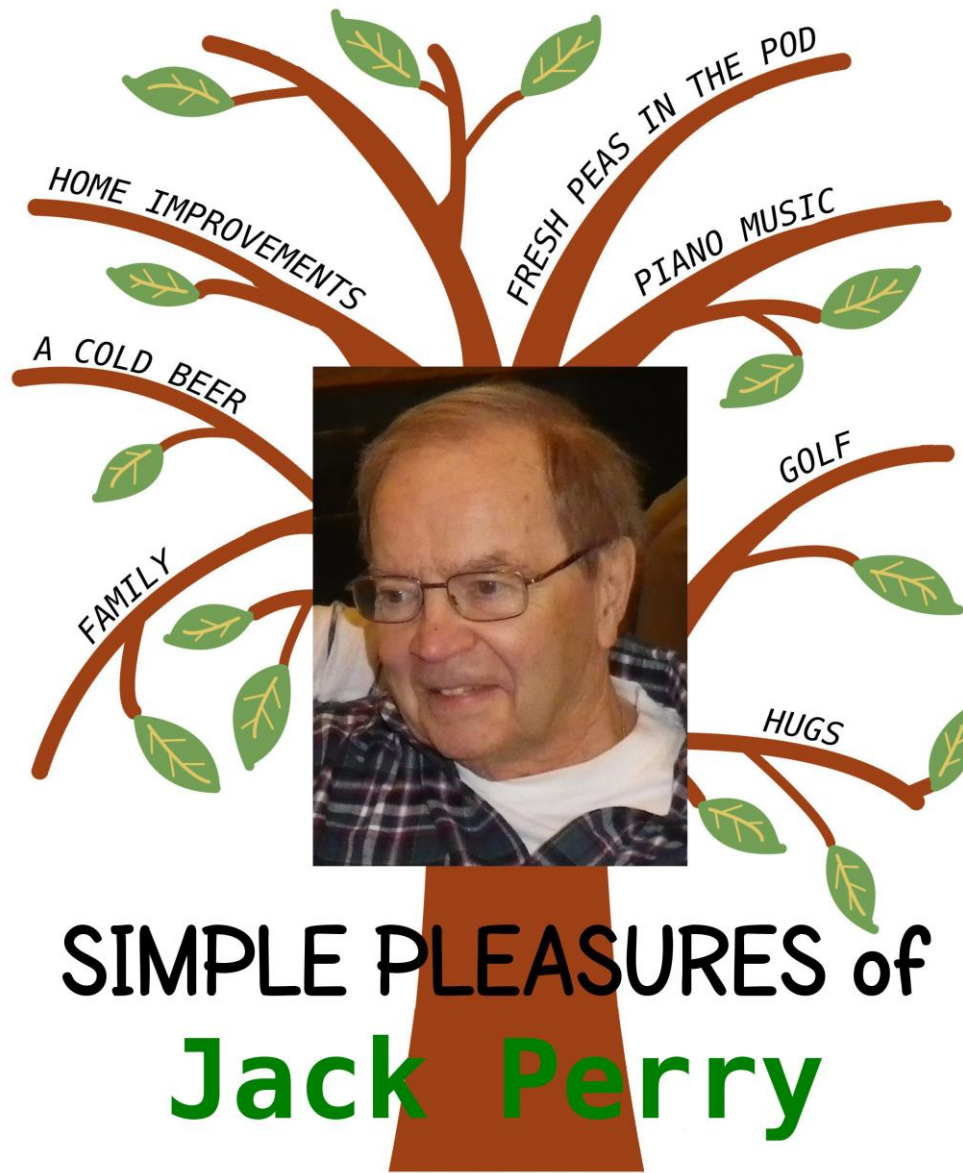


Personalized Care

Denise Thorton

Eden Gardens





SIMPLE PLEASURES of Jack Perry



Key Messages

- Structured and unstructured communication are key to supportive effective teamwork and communication.
- We don't all communicate the same.
- Utilize communication techniques to facilitate improved teamwork and communication.
- Personalized care is key to our approach to residents.

Action Plans!

Chat to All Participants:

What is one thing you heard today that you may start to use by next Tuesday?

Upcoming Webinars

- July 12 - Fostering Trust and Leadership
- August 2 – Navigating Conflict Successfully
- September 13 - TBD
- October 11 - TBD




Regional Workshops Mark Your Calendars!

- Nanaimo Sept. 25
- Langley Oct. 2
- Vancouver Oct. 3
- Fort St. John Nov. 2



Quick Reminder...

Monthly Reports & Data Due!

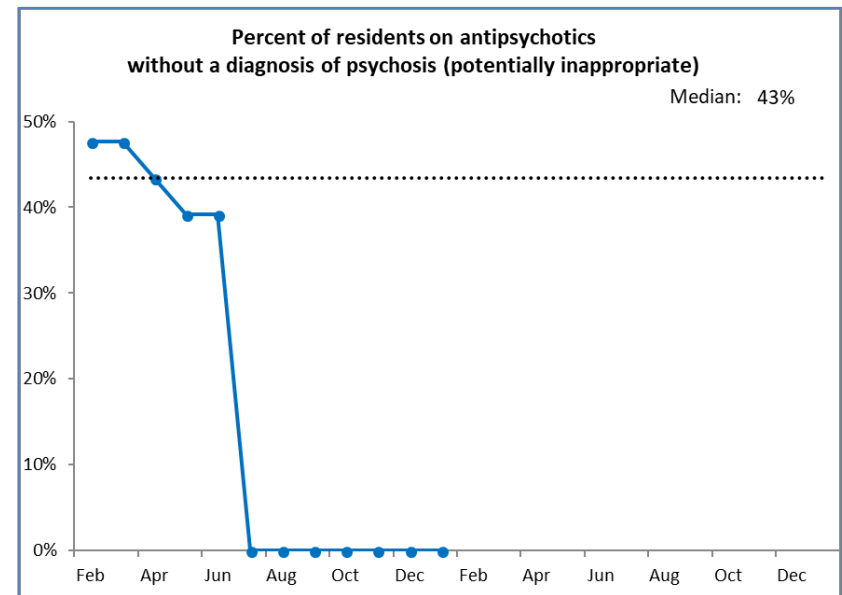
Clear Monthly Team Report

Please submit prior to the second Friday of each month to ClearBC@bcpsqc.ca

Team Name	McMountain-Sayeed Care Home
Month/Year	March 2018
Team Aim	To decrease the number of anti-psychotics being <u>used</u> with a target goal of the provincial average 25.9% by the end of February 2019

1. **Changes tested this month:**
 - Discontinued PRNs that haven't been used
 - Checked and corrected RAI coding for target residents
 -
2. **What we learned this month:**
 - We learned that there is a larger population outside of our team interested in antipsychotic usage but may require more resources/education for involvement
 - Culture of some staff and families is to "just medicate" around behavioural difficulties and sleep
 - Some physicians need more education around antipsychotics
 - Several residents had PRNs which had never been used, or last used over 6 months ago
3. **Challenges:**
 - Learning curve on data collection for Clear reports
 - Med reviews, team meetings and communication can be difficult across staffing requirements/schedules
 - Overwhelming information trying to find time to review is difficult
 - Safe antipsychotic reduction while dealing with residents with advanced dementia
 - Multiple physicians serving resident population
4. **Successes:**
 - RAI coding has been reviewed and corrected
 - Reduced the rate of PRN antipsychotic use,
 - Increased overarching awareness of staff around antipsychotics

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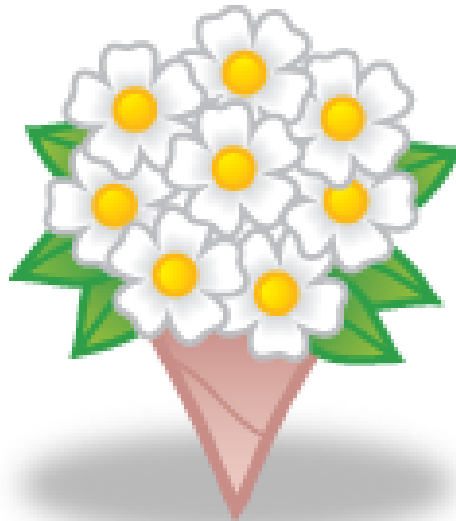


Thank You

Participating Teams

Faculty

Support Team



Evaluation!

Please complete the evaluation of the webinar after you close WebEx.



FEEDBACK

Stay Online!

- What questions do you have?
- What advice do you need?