

# Getting Better All the Time

*Working Together for Continuous Improvement:  
A Guide for Nursing Home Staff*



This Manual is a product of the Cobble Hill—Isabella Collaboration Project  
Cobble Hill Health Center — Isabella Geriatric Center



WE KEEP BROOKLYN HEALTHY...HAPPY...HOME.

*isabella*

Welcome to our family.

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## Introduction

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The goal of a nursing home never changes: to provide the best possible care for the people who live here, and to nourish the spirit of residents and staff alike. At the same time, nursing homes are places that change every day: residents and workers come and go, staff learn better ways to deliver care, equipment is modernized, and new regulations are introduced. Thus, to do our work well means adapting to change, and continuously learning new and more effective ways of working — as individuals, as teams, and as an organization.

The need to change can come from many sources, internal and external. For instance, a nurse may report that a high number of residents are falling on a particular unit. A dining service worker may have an idea about how to make meals more enjoyable. The resident council may have suggestions about how to improve the activities program. Nursing Assistants and individual residents frequently have suggestions for improvement. Ideas for change also come from family and staff satisfaction questionnaires, New York State Department of Health surveys, and even from letters of complaint.

Whenever we try to make a change, the most important question we need to ask is: How can we ensure that the change will actually do what is intended? Some changes will undoubtedly be

good, such as repairing a broken stairway railing. But even well-intentioned ideas can have bad outcomes. For example, housekeeping might try a new floor wax because it is easier to apply, only to discover that it causes more residents and staff to slip and fall.

So, how can we ensure that changes will actually work? The answer is a process called quality improvement, or QI, an approach that has been successfully adopted by all sorts of organizations, from manufacturers to hotels to hospitals. In short, QI is a scientific approach to evaluating and improving care using teamwork and leadership. Put another way, QI helps us sort out where improvements are needed most, and then helps us determine if we've achieved the changes we were hoping for — and if not, what to do next.

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## Nursing Home Quality Improvement

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You may already have heard about QI.

In the past, QI programs in nursing homes tended to focus on clinical issues, such as preventing falls or pressure sores. As nursing homes become more person-centered, we have learned that we will be more successful at improving quality-of-care issues if we also consider quality-of-life issues.

For example, if a resident is not eating well, one might reasonably assume that the cause is related to her diagnosis. However, it might be that she simply doesn't like the taste of the food, that the food is too hot or cold, that she's not getting the assistance she needs, or that she doesn't like her dining companions. If we don't take the time to find out what is really troubling the resident, we cannot solve the problem and get her proper nourishment.

Another lesson from QI is that everyone who might be affected by a proposed change needs to be involved in the QI process. In the QI world, these people are called stakeholders. Stakeholders are not just department heads, they also include those closest to the issue at hand, such as direct care staff, as well as

supervisors, residents, and family members.

Most of the time, many different departments, and sometimes different shifts, are affected and need to be included as part of the process as well.

Finally, research has shown that there is a direct link between resident satisfaction and staff satisfaction. When residents and families are happy, so too are staff, and vice versa. At our facility, we believe that working together to improve our living and working environment will benefit residents, families, and staff alike. That is why one of our core values is promoting a continuous learning environment for all staff.



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## Where Do Ideas for Change Come From?

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In a nursing home, QI happens many ways. Most ideas for QI grow out of interactions between staff members or among staff members, residents and family members. For instance, when we learn that a resident enjoys listening to Mets games, and we make sure that he gets to hear those games, we are improving quality. When we learn that a resident eats a better breakfast if she has a cup of coffee first, and we make sure they get the coffee, we are improving quality. If we know that a fellow staff member is new on the unit, and we make them feel welcome, we are improving quality.

Often, changes need to be made on the unit or neighborhood level, or across the entire facility. For example, most nursing homes have a committee, or workgroup, to study how to prevent pressure sores. Most nursing homes also have a falls workgroup. Including not only RNs and CNAs from different shifts but also other departments (such as Medicine, to study pressure sores, and Environmental Services, to study falls prevention) can increase the likelihood that effective prevention strategies will be identified and implemented. Such workgroups can bring together staffers from different disciplines

and different roles — that is, all the stakeholders — to address problems that no one person can solve on his or her own.

Since health care facilities have a constant need to solve these kinds of problems, the federal government requires all nursing homes to have an ongoing quality assessment and assurance committee, typically called the Performance Improvement Committee. Whatever its name, the committee usually consists of staff members from different departments and reports regularly to the board of directors.

The Performance Improvement Committee oversees QI projects and establishes

workgroups to address specific issues or problems. These workgroups — made up of representatives of the relevant stakeholders — then report their progress back to the overall committee. (Workgroups are discussed in greater detail below.)

Although the Performance Improvement Committee is responsible for overseeing QI projects, that doesn't mean that every QI effort works under the direct supervision of the committee. On some occasions, it's appropriate for staff on a unit or in a specific department to identify a small problem and try out a solution all on their own, without the need to turn it into an actual project.

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## Your Role in Quality Improvement

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A nursing home cannot hope to provide a high level of care, or create a comfortable and rewarding work environment, unless everyone makes the achievement of quality a top priority. The work that each of you do is essential to the functioning of your organization, and how you do your work has an impact on everyone around you, including your colleagues as well as residents and their family and friends.

As you go about your work, and as you engage in problem-solving projects, it is critical that you to listen to the perspectives and needs of others.

### Consider these examples:

- A staff member might make beds that look perfect in every way, neat and trim, yet some residents may find them uncomfortable because the sheets press too tightly on their feet. The only way to know whether the bed is comfortable is by asking and observing.

- If a laundry problem arises, the natural inclination would be to think of it as a housekeeping issue. However, many other departments — as well as residents and family members — are involved in the collecting, cleaning, distributing and storing of clothing. Forming a workgroup that includes all these stakeholders is an essential first step in addressing the problem.
- The security department may be considering renewal of a contract for a small piece of equipment worn by residents that notifies the department if a resident with dementia attempts to leave the building. However, the security department's criteria for an effective piece of equipment may be somewhat different than the nursing department's or the finance department's criteria. Including these departments in the decision-making process will help ensure that the best product is selected.

## Workgroups

### Getting Started

Workgroups are at the heart of the QI process. As mentioned above, they should involve all of the stakeholders in a given issue, especially an issue that has an impact on resident care and daily operations. In forming a workgroup, the Performance Improvement Committee will consider who the stakeholders are — that is, which staff, which disciplines, which shifts, which residents, and which family members are affected by the issue. Then, the committee will identify people who can represent the perspectives of these stakeholders on the workgroup. The committee will also select one or two people to act as workgroup coordinators, or facilitators.

Next, the committee will give the workgroup a set of instructions for carrying out the project, specifically:

- (1) What is to be accomplished  
(what is the problem to be solved?)
- (2) What is known about the issue
- (3) Suggestions for outcome measures, and
- (4) Any boundaries within which the workgroup should work

In addition, if there are stakeholders who are not directly represented in the workgroup, the workgroup must find ways to communicate with them directly. This will ensure that the workgroup gains these stakeholders' perspective on the potential change, and it may help identify ways to measure their response to the change once it is enacted.

For example, a workgroup may have a QI project that will affect housekeeping on all three shifts. Even if there is a housekeeping department representative from the day shift

in the workgroup, workgroup members should arrange for meetings to be held with staff on the other shifts as well, ensuring their perspectives are heard and that they are included in the planning and evaluation process. In addition, it is a good idea for the person who is representing the day shift to go back and talk with other day shift housekeeping staff, to hear their perspectives and concerns.

If all the stakeholders in an improvement project are given an opportunity to participate in the QI process, and they understand its goals, they are much more likely to help make the project a success. It is hard to be helpful if you don't understand what is happening.

### Working Arrangements

Workgroups typically vary in size from two to ten people. (Larger groups tend to be difficult to manage and can therefore be less productive.) Each workgroup should have a coordinator, or facilitator, who ensures that the group comes together and follows through in its efforts.

When setting up a workgroup meeting, keep these considerations in mind:

- Record minutes of each meeting. Minutes help the group keep track of the discussions and decisions made at each meeting. Minutes should be as simple and brief as possible and include a list of those in attendance (see sample format in Appendix 1).
- Set a beginning time and an ending time, and stick to them as closely as possible.
- Set an agenda for each meeting, with a limited number of items, so that there is enough time for discussion. If the agenda starts to get too long, move some topics to the next meeting.

- Assign tasks to individuals or small sub-groups to complete in-between meetings. Those with assignments should report back at workgroup meetings so that everyone is informed.
- Choose a quiet place to meet that won't have frequent interruptions.
- Quick on-floor meetings, no longer than 15 minutes — can help move the project along in-between regularly scheduled meetings. These can be especially helpful for front-line staff and bedside caregivers, who may find it more difficult to leave the units for lengthier meetings.
- When workgroup members need time for project meetings or activities, they require the support of their co-workers and supervisors.



## Communication

At the workgroup's first meeting, it is vital to develop a sense of teamwork. Teamwork stems from good communication. "Icebreaker exercises" can help workgroup members get to know each other better (see Appendix 2).

Once the workgroup has decided what improvement they want to test, the simplest way to get started is to review four key steps: Plan, Do, Study, Act, using the checklists in Appendix 3. (This process is explained in more detail below.) Then, make a list of the tasks ahead, decide who will do what, and establish a timetable for each step.

As the workgroup begins its planning process, encourage everyone's participation, and listen carefully to what each person has to say.

While there may be conflicting points of view, disagreements are best handled by trying to understand them as much as possible and by talking through the differences. Problems are much harder to solve if different points of view are not taken into account.

To encourage participation in discussions, "learning circles" can be very helpful.

A learning circle (described more fully in Appendix 2) is a method of talking about an issue of concern. Basically, a topic or question is raised, and then each person in the group is asked for his or her thoughts. No one should be allowed to interrupt or comment on what someone else has to say until everyone else has had their turn, and then the topic is opened for discussion.

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## Stakeholders: Getting Everyone's Perspective

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The best way to increase the odds of solving a problem or implementing an improvement is to include the perspectives of people most affected by the issue at hand. True person-centered care can occur only if staff listen to residents and their families, and try to learn more about their needs, preferences, and opinions. Nursing homes can also promote person-centered care by encouraging communication and conversation among all levels of staff, and across all shifts and departments.

When forming a workgroup, the Performance Improvement Committee should answer the following questions:

- Who are most affected by this problem or need for improvement?

- Who can help us gain a better understanding of this problem?

Based on the answers to these questions, the committee will then be able to appoint a workgroup that includes all the relevant perspectives and stakeholders.

The workgroup should always be open to outside advice and opinions. Once the workgroup is formed, it is helpful to seek the opinions of others in the facility. This is a great way to learn more about the problem, to find possible solutions, and to test whether the workgroup's solution is satisfactory. This can be done in many ways, including focus groups, questionnaires, and interviews (see Appendix 4).

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## Communication, Communication, Communication!

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As you tackle a QI project, let others know about your efforts. What you learn may be helpful to other staff members who may be trying to make similar changes. Also, your efforts may inspire your colleagues to address other problems.

In addition, telling other people, including residents, families, and staff, about your project is important because most changes have an impact on everyone in the facility. People are more likely to respond positively to change if they understand exactly what is being changed and why. In addition, proper communication can minimize both confusion and discomfort associated with change, and it can even give people a reason to look forward to change.

There are many ways to share information about upcoming changes. One approach

is to hold small group meetings with residents, families, and staff members, while providing ample opportunity for people to ask questions. To reach a wider audience, you might want to hold larger meetings, perhaps incorporating skits showing before-and-after impressions of the changes. This can be an entertaining and humorous way of making the presentation more interesting.

Another way to share information is to make presentations at Performance Improvement Committee meetings, neighborhood or unit meetings, departmental meetings, resident council meetings, and family council meetings. For presentations and large group meetings, it's a good idea for several workgroup members to participate in explaining different aspects of the project.



One way of organizing presentations is by telling the “story” of your project. Storyboards (a series of illustrations or images on large pieces of cardboard) or computer slide-shows (including photographs, charts, or new forms) can be used to communicate the main points of your project. Such presentations should be as simple as possible. Also, they should convey the purpose of the project, how it was tested,

what you learned, and any plans for implementation or further investigation. (Tips for presentations appear in Appendix 5.)

Finally, share your experiences through letters or articles in facility newsletters. This will help spread the word about your project to staff members, residents, and family members who cannot attend meetings or presentations.

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## The Change Process

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For every QI project, the process is the same — whether it is small or large, or whether it is undertaken by an individual or by a group.

There are three important questions to answer:

- (1) What are we trying to accomplish?
- (2) What changes can we make to bring about an improvement?
- (3) How will we know whether the change is an improvement?

The four-step **Plan, Do, Study, Act (PDSA) Cycle** can help you answer these questions.

### Plan

Planning begins with the question, *What are we trying to improve?* Or, put another way, *What are we trying to accomplish?* Once this is established, you’ll need to consider a few more questions: How much do we know about the issue?; What else do we need to know about the issue?, and Whom should we talk with to get additional information? (Appendix 6 lists several methods for clarifying what you are trying to accomplish.)

Once you’ve answered these questions, it’s time to decide what changes need to be made in order to bring about the improvement: *What changes can we make to bring about an improvement?*

In addition, you need to decide how you are going to measure the outcomes: *How will we know whether a change is an improvement?* Not every change results in an improvement, so it is essential to identify specific ways of measuring the effects of a change at the very beginning, before making any actual changes. It is also important to measure change from different perspectives. A specific improvement may work for staff, but not for residents, or vice versa. We are looking for changes that work for all the stakeholders involved. (See Appendix 7 for tips on measuring your progress.)

### Do

The next step is to test the change on a small scale. This allows you to learn from experience before trying to implement it more broadly. Before starting, the workgroup needs to decide what criteria (or measures) they are going to use to judge whether their test is successful. Once the trial date(s) has been set, all those affected by the changes — staff, residents, family and friends — need to be informed about the plan. After the trial phase has been completed, data should be collected.

## Study

At this point, it's time to evaluate the results. By comparing information collected before and after the test (that is, baseline data and the final outcomes), and by evaluating any input from staff, residents and families, you can determine if the proposed change resulted in the desired improvement. Here, the two basic questions to ask are: Did it work? and, If not, why not? Often, when a change is tested, ideas for further improvements emerge. So, another important question to consider is: What new knowledge did you learn as a result of the test? (See Appendix 8 for tools to help understand and evaluate data.)

## Act

The next step, based on studying the test results, is to determine what actions will be taken: If the test is considered successful, how will you spread the change? What preparations and training need to occur for full implementation? What is the plan for ongoing monitoring? Did the test identify other opportunities for improvement? The results of the test may reveal that the change didn't work, or that adjustments are needed. That requires a new test. Each and every time you alter your improvement, you should repeat the PDSA cycle. This is the best way to ensure that a change is an improvement. The final step in this phase of the PDSA cycle is to plan for ongoing monitoring. This will make sure that a change that has been instituted continues to work in the long run. See Appendix 3 for a PDSA checklist, and for an example of how to use the PDSA Cycle for planning a project.

The sections relating to the PDSA Cycle discussed in this Manual are derived from *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* [2nd Edition] by Gerald J. Langley, Ronald Moen, Kevin M. Nolan, Thomas W. Nolan, Clifford L. Norman, Lloyd T. Provost © 2009, reproduced herein with permission of John Wiley & Sons, Inc.

## Other Things to Consider in the PDSA Cycle

Even simple projects can benefit from the PDSA process. For example, if a nursing assistant notices that a resident frequently loses the TV remote control in his bedroom, she might talk to the resident and someone in maintenance about attaching it to the resident's bedside. The important steps in this process are (1) observing that something could be improved for the resident, (2) talking with the resident about the improvement, (3) discussing with maintenance about how to achieve the improvement, and (4) checking back later and seeing if the change is working and if the resident is pleased with the arrangement. The change, if successful, might lead to additional benefits. For instance, the resident may be less likely to ring the call bell for assistance or to fall while searching for the remote.

For more complicated change projects, such as those involving many improvements, you may choose to go through the PDSA process for each improvement, rather than trying to test the whole project at once. For example, your goal may be to improve dining services by changing from a tray line to steam tables on the unit, thus allowing for more flexible dining hours and also greater variety of meal choice. This would be a complicated project. It might be better to concentrate first on the move from the tray line to the steam tables. The second step might be experimenting with flexible dining hours, and the third, experimenting with different menu options. Again, each step of the way, be sure to involve staff, residents, and family members in assessing whether the change is an improvement.

So, no matter how complicated or how simple the QI project, ***be sure to follow the PDSA Cycle: Plan, Do, Study, Act.***

# Appendix 1

## Sample Form for Meeting Minutes

**Date:**

**Present:**

**Excused:**

Topic	Discussion	Action Plan/ Recommendations	Responsible Person:	Follow up Due:
1.				
2.				

## Appendix 2

### Communicating with Each Other

Effective problem-solving depends upon effective communication. Effective communication means really listening to other people, and being able to appreciate perspectives that differ from one's own. What follows are tools for enhancing communication within workgroups.

#### Ice Breakers

The purpose of ice breakers is to help people start communicating more comfortably with one another. Ice breakers can be a way of finding common ground and getting to know other people a little better.

Whenever a workgroup meets for the first time, it's a good idea to start with an icebreaker. Even if people in the group already know each other, they may not have worked together directly. Also, in almost any group, group members will know some people in the group better than others. Ice breakers can help everyone feel a little more comfortable.

A simple ice breaker is to ask group members to find someone else in the group whom they don't know well or at all, and have them meet for five minutes or so. When the group comes back together, ask each person to introduce to the group the person they just met with. A variation on this approach is to ask the two people to find something they have in common and report back to the group.

There are dozens of other ice breakers that can be used. The following books have good ideas:

***201 Icebreakers***, by Edie West, McGraw-Hill, New York (1996).

***The Big book of Team Building Games***, by J. Newstrom and E. Scannell, McGraw-Hill, New York (1997)

#### Learning Circles

This is an approach that helps ensure that everyone in the group is asked for his or her opinion about the issues at hand. Learning circles can be used throughout the workgroup's progress. For example, as a workgroup is getting started, the facilitator might pose the question: "Why do you think this is an important issue for the workgroup?" Members in the workgroup will represent different perspectives, and they may have had different experiences that others in the group are unfamiliar with. The guidelines for learning circles on the next page are from the organization ActionPact (used with permission).

***Using Learning Circles when coming to conclusion and consensus:*** There are times in the workgroup process when the group will need to make a decision. This is an important moment in the group's experience, not just because of the decision itself, but also because it is essential that all group members feel they have had a part in the decision. One way to reinforce the value of everyone's contribution is by using a learning circle to ask everyone: Do you agree with this decision? If so, why? If not, why not? This gives all participants a chance to be clear about their opinion, one way or the other. While it's not always possible to reach a consensus, acknowledging everyone's perspective when making a decision is a critical part of the group process.

## Learning Circles

**Participants:** Participants may include workers, residents, family, and community members or any combination thereof. The ideal number of circle participants is 10-15. If more than 20 are involved, consider suggesting that everyone limit their responses to a sentence or two.

**Goal:** To develop common ground and mutual respect among the diversity of the nursing home residents, direct care givers, families, management, different departments, and professions.

### Rules For the Learning Circle:

Everyone sits in a circle without tables or other obstructions blocking their view of one another.

One person is the facilitator to pose the question or issue. (The question and facilitator may have been determined ahead of time by the team/individual planning the circle. If a universally negative response to a question is predicted, consider shaping the question into two parts. For example: "Share one thing that worries you and one thing that excites you about...")

Be aware that emotional topics can be overwhelmingly in large circles. If the facilitator believes a question will elicit strong feelings of sadness, depression, grief, or anger limit the number of participants to 8-10 and keep them apprised of the time allotted for the circle so they may adjust themselves emotionally. Keep the time per person fairly short (30 seconds is good.) Remember you will be opening it up for discussion immediately after, and it does not take too long to share the

feeling. The interpretation or the reasons why would, in this circumstance, be better in general discussion so that people may support, motivate, placate, and cheer as needed.

The facilitator poses the question or issue and asks for a volunteer. A volunteer in the circle responds with his/her thoughts on the chosen topic. The person sitting to the right or left or the first respondent goes next, followed one by one around the circle until everyone has spoken on the subject without interruption.

No cross talk. The facilitator should have made this rule clear at the beginning so that they do not need to interrupt often to enforce the rule of no talking across the circle. (Involuntary laughter and simple words of empathy should not be quelled. But others may not add their thoughts or opinions on an issue until it is their turn to speak.)

One may choose to pass rather than to speak when their time comes. But after everyone else in the circle has had their turn, the facilitator goes back to those who passed and allows each one the opportunity to respond. Of course no one is forced to speak, but there is the expectation that they will. (Usually, they do respond with gentle encouragement

from the facilitator who may need to prompt the talkative to hold their tongue.)

Open general discussion on the topic after everyone has had a chance to speak. While on the surface, the Learning Circle is simply a common sense technique for organizing meetings; there are subtle, underlying forces (of sharing, respect, and broadening one's perspective) at work that yield astounding results.

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Action Pact, Inc. [www.culturechangenow.com](http://www.culturechangenow.com)

## Appendix 3

### Checklists for Plan, Do, Study, Act (PDSA) Cycle

These checklists can help workgroups make sure they are considering everything they need to carry out a project. Although some questions may be very easy to answer, it is important not to skip steps.

As a workgroup is getting started, the first question is always: What perspectives do we want represented in the workgroup? Be sure to include representatives of the groups that would be the most affected by the change.

#### Plan Checklist

The plan includes a description of the change being made, predictions of what the change will achieve, and what data is needed to measure the change's success or failure. Don't be discouraged if this part of the process is confusing or takes a long time. This is often the hardest part of a project, because while we know what we want to improve, finding out what is the actual cause of the problem (and therefore, deciding what changes to test) can be complicated. It is very important to learn as much as possible about an issue before you conclude (1) the root of the problem, and (2) what changes to try out.

1. What are we trying to accomplish/what do we want to improve?
2. What do we know about the issue now?
3. Do we need additional information before proceeding? If so, what information, who will get it, and by when?
4. Who do we need to talk with to learn more?

5. Besides the people participating in this workgroup, whose perspective (other shifts, departments, or neighborhoods/communities) would be helpful? How shall we hear from them?
6. What changes do we want to make (i.e., what changes can we make that will result in an improvement)? *At this point, depending on how big or complicated the issue is, the workgroup may want to try out several different improvements, one at a time. The rest of the steps described here can be applied to smaller changes, one at a time, if the workgroup thinks this is the best way to proceed.*
7. What do we think the potential impact(s) will be? What do we think the result(s) will be?
8. How are we going to measure the outcomes? In other words, how will we know a change is an improvement, with regard to:
  - a. Staff?
  - b. Residents?
  - c. Family members?
  - d. Costs (if relevant)?
9. What baseline data do we need to collect before testing the change?
10. Who will collect the data, and by what date?
11. Who needs to be informed in advance about the test?
  - a. Staff
  - b. Shifts
  - c. Disciplines/departments
  - d. Managers
  - e. Residents
  - f. Families

12. How will we inform each of these groups, who will do it, and when will they do it?
13. What tasks need to be carried out to test this improvement?
14. Who will do what?
15. What is the timetable for carrying out the test? When will we start, when will we finish?

### **Do Checklist**

During this stage, the change is tested, followed by data collection and preliminary data analysis.

1. What change was tested?
2. What data, if any, do we need to collect following the test?
3. What happened — that is, what are the results?
4. Record observations related to the change.
5. What problems were encountered when implementing the change?

### **Study Checklist**

This phase of the project includes the complete assessment of all data related to the project and a final report of the project results.

1. How do the actual results compare to the predictions?
2. Based on this information, was the change an improvement?
3. What new knowledge did we gain as a result of this test?

4. If the change was not successful, why?
5. Does it need to be re-tested, with adjustments? If so, what adjustments?
6. Did the test produce the results we wanted, or do we need to design a different change?
7. Do we have additional ideas for change we want to try as a result of this test?
8. If the test was successful, shall we make the change permanent?
9. If successful, should the change be expanded to other parts of the facility?

### **Act Checklist**

1. If the change was successful and will be expanded to other parts of the facility, how will we spread the change?
2. What preparations and training need to take place for full implementation?
3. What is the plan for ongoing monitoring, so we can be sure the change continues to work well?
4. Were other opportunities for improvement identified during the test?
5. If the test was not successful, should we make modifications and try again, or should we try a different change?
6. Do we need to start another PDSA for this project?
7. How will we share information about the project with others in the facility?

## An Example of How to Use the PDSA Cycle for Planning a Project:

**THE PROBLEM: The dining room chairs are old, worn, and uncomfortable.**

**Whose perspectives should be represented on the workgroup?** Residents, nursing assistants, rehabilitation therapists, environmental services, dining services, families, recreation, purchasing, and maintenance.

**What are we trying to accomplish? What do we want to improve?** Replace the old chairs in the resident dining room with new, more comfortable chairs.

**What do we know about the issue now?** Some residents have difficulty getting into and out of the chairs. The chairs are heavy and hard to move. Some residents cannot fit between the arms of the chairs.

**Do we need additional information?** How much can we spend to replace the chairs? What materials are easiest for housekeeping to clean? What style of chair will fit best in the dining room? What styles work best for residents? Are certain types of chairs easier for staff to move?

**Who do we need to talk with to learn more?**

- Maintenance, Environmental Services, Rehabilitation, Recreation and Purchasing Departments, to learn answers to some of the questions above, and to learn about their priorities and concerns regarding the purchase of new equipment.
- Other facilities. Nearby facilities may recently have gone through a chair selection process, or someone in the workgroup may have visited a facility and admired the chairs.

- The Internet. There are many sites (rehabilitation therapy, nursing home design, etc.) that may have suggestions of what needs to be considered in purchasing new furniture, or specific examples.

**Besides the people participating in this workgroup whose perspective would be helpful? How shall we hear from them?**

- People who live in nursing homes have different needs which need to be considered when purchasing chairs. Residents who are short will want a chair where their feet can touch the floor, residents who are tall will also want to be comfortable. Residents who cannot fit easily between the arms of a chair may need either wider chairs or chairs without arms. Residents who have had recent hip replacements may have special needs. It is important that any chairs brought in to try out, be tried with residents who represent a wide variety of needs.
- Staff from shifts not represented on the workgroup
- Other staff, families, residents. Even if these groups are represented on the workgroups, it is valuable to include the perspectives of others. This can be done through one on one interviews, small group discussions, etc.

**What changes can we make that will result in improvement?** Using information gathered from the stakeholders listed above, the workgroup identifies possible chair models and manufacturers and requests sample chairs for onsite evaluation.



**How will we know a change is an improvement?** The workgroup decides what criteria — e.g., cost, comfort, safety and cleanability — will be used to evaluate the chair. Using these criteria, the chairs are evaluated by the workgroup, as well as by representatives of the various stakeholders, including residents, family members, and staff from various departments. Posters are put up around the facility to let everyone know that new dining chairs will be being tested and that everyone's input would be welcome. Staff members on all three shifts are encouraged to participate.

**What is the best chair for the dining room?** Based on the information that has been gathered, the workgroup decides on a chair with arms they believe will be best for most residents and meets the need of staff and durability and cleanability requirements. (The workgroup also concludes some residents need armless chairs, but decides it needs to gather more information before it can select a model.) The workgroup's recommendation is forwarded to management for a final decision regarding how many chairs will be purchased, based on cost and need.

**What happens next?** Once a decision by management has been reached regarding how many chairs will be purchased, the workgroup makes plans to notify all the stakeholders that new chairs will be put into dining rooms, and when.

**Are any adjustments needed?** They also decide to look into the issue of chairs without arms further, beginning a new PDSA cycle looking specifically at armless chairs.

**How will we share information about the project with others in the facility?** When finishing a project, it is always a good idea to share what you have accomplished with others. In addition to photographs of residents, family members and staff trying out different chairs, it would be a good idea to describe the criteria that were developed for picking the chairs (style, comfort, cleanability, durability, etc.), so that other staff, residents and family members can understand the effort and care that went into the selection process. Most people don't realize that choosing furniture can be complicated, if the needs of all stakeholders are going to be met (residents, staff, cleanability, cost, etc.). An article in the facility newsletter, with a photo or two, is one way to share what was done. Another possibility is a poster, placed in various places around the facility. Presentations at resident and family councils, and at staff meetings, are another way the information can be shared.

**Is the change working in the long run?** Before disbanding, the workgroup devises a plan for reviewing the effectiveness of the chairs over time. They decide to ask the maintenance department to assess the chairs at various intervals (after the first three months and every six months thereafter), looking at, for example, whether there have been any accidents involving the chairs and how many chairs have needed repair.

## Appendix 4

### Getting Everyone's Point of View

Whether trying to get to the root of the problem, or when measuring to see if you have solved a problem, it's important to understand the perspective of people directly affected. There are several different ways to reach out to others, including:

#### Focus groups

Focus groups can be used to explore an issue in depth or to find out what people are thinking or feeling about a change. These are the steps involved, whether you are meeting with residents, family members, staff, or a mixed group, such as residents, staff and family members gathered on a particular community:

- Clarify the purpose of the group. (*What are you hoping to learn more about?*)
- Choose a facilitator (*Select someone to ask the questions and encourage participants to share their thoughts.*)
- Choose a recorder. (*Select someone who will not be involved in the discussion but will be free to take notes. It is important to ask participants for permission to take notes. Also, mention that the information will be kept confidential and will not be connected with the name of any particular participant.*)
- Determine location, date, and time. (*Find a location and time when interruptions will be minimized. Focus groups should be limited to about 45 minutes.*)
- Decide who should participate in the group and invite them. (*Decide how many focus groups you want to have and which perspectives — staff, shifts, residents, family members, disciplines — you want to explore. For each group, try for approximately 8 to 12 participants.*)

*If you want staff participation in a group, be sure to obtain the cooperation of their supervisors/department heads in advance. )*

- Develop the questions. (*Make a list of seven to eight questions. Try to finish all the questions, but be prepared for the possibility that you will not get to all your questions by the end of the session.*)
- Lead the discussion. (*When you ask a question and someone answers, probe a little to be sure you understand their answer. For example, if someone answers a question by saying, "sometimes," ask them to elaborate. Learn as much of their thoughts and experience as you can.*)

#### Interviews

When a workgroup is in the process of learning more about an issue, one-on-one interviews can be extremely helpful. Here are the steps:

1. Decide whom you want to interview.
2. Decide ahead of time what questions you want to ask, but be prepared for the likelihood that things may come up in the interview you had not anticipated. This is fine, because the whole purpose of the interview is to learn more about the issue than you already know.
3. When you request an interview, set a time in advance that works for both of you. In general, the interview shouldn't be longer than a half hour, and perhaps even less.
4. During interviews, do not interject your own point of view. The goal of the interview is to find out other people's perspectives. Even if they offer ideas or opinions you don't agree with, ask them

to describe in detail why they think and feel the way they do. And ask them these questions *as if you really want to know the answer!* Solving problems always involves differing points of view, and finding the right solution can't happen if you don't understand as much as possible about these different perspectives.

## Walk-throughs

A walk-through — a step-by-step review of a process or procedure — is another way to gather information. This can be especially helpful for learning more about the experiences of family members and residents. For example, when a new resident is admitted, different staff members meet the resident and family members at various points in the process, starting with whoever is at the reception area when the resident and the family member first arrive. While each staff member knows a lot about their own interactions with new residents, they don't necessarily know what the residents' overall experience is like. The best way to find out is to go through the experience just as the resident would, starting with the moment of arrival in the lobby, on a stretcher or in a wheelchair.

The Institute for Healthcare Improvement ([www.IHI.org](http://www.IHI.org)) suggests the following guidelines for walk-throughs, adapted here for the nursing home setting:

1. Let the staff you are likely to come in contact with know in advance that you will be doing this walk-through. Ask them not to give you special treatment.
2. Go through the experience as the resident would (*arrive in a wheelchair or stretcher, stay on or in it as long as the resident would, wait around in the lobby or hallway as long as a resident is likely to, undress if that is what a resident would be asked to do, go through literally everything that a resident would go through*).
3. As you go through the process, try to put yourself in the resident's position. *Look around as they might. What would a resident be thinking? How would a resident feel at this moment?*
4. At each step, ask the staff to tell you what changes (other than hiring new staff) would make the experience better for the resident and what would make it better for the staff. *Write down their ideas as well as your ideas. Also write down your feelings.*
5. Finally, record a list of what needs you found and what improvements could be made.

After the experience, you can discuss your findings with the rest of your work team and decide what improvements you would like to address.

*The "guidelines for walk-throughs", as adapted herein for use in the nursing home setting, are adopted from the "Walk-through tool" of the Institute for Healthcare Improvement ([www.IHI.org](http://www.IHI.org)) and are printed and included herein with the permission of the Institute for Healthcare Improvement ([www.IHI.org](http://www.IHI.org)).*

## Visiting other facilities

Visits to other facilities can be very helpful for seeing how other people do things. Whether you are going to see a newly renovated space, a particular piece of equipment, or a new program, it's important to carefully observe the interactions between residents and staff, between residents, between residents and family members or friends, and between staff. If you want to make improvements, you need to look at it from all perspectives.

The questions below can help you think about all the factors that can go into an interaction (e.g., Is the environment pleasant? Is it noisy? Too hot? Too cold?). Keep in mind that when you are observing a single resident, a given interaction may seem like a small moment to you, but it may be one of very few interactions the resident has during the day.

How do you feel as you enter the room (and the neighborhood/community)?

What do you observe that is:

- welcoming?
- unwelcoming?
- institutional?
- pleasant?
- lacking in spirit?
- objectionable?
- adult?
- childish?

Notice the environment and, the ambience.

What are your reactions to the:

- lighting?
- floor covering?
- temperature?
- entrances and exits?
- furniture?
- decorations?
- activities setup?
- cues for residents (e.g., signs, clocks, calendars)?
- extraneous noise?
- interruptions?

Overall, does the environment seem to belong to the residents, or to the staff, or both?

After 10 to 15 minutes have passed, choose one resident and observe for 10 minutes her or his level of participation in activities.

- Is it passive or active participation?
- Is there interaction between resident and other residents?
- Is there interaction between resident and staff?
- Is the interaction facilitated by staff or is it spontaneous?
- What do you think the resident is feeling?
- What facial expressions and body postures do you observe?
- What behaviors do you observe?
- What needs of the resident are being met?

Observe the staff's communication to residents, noting the:

- tone of voice
- vocabulary
- style of communication (repetition, simplification, gesturing, etc.)
- emotional connection with the resident
- the differing staff skill levels

What are you feeling at the end of your observation?

*"The facility visit guideline appearing on pages 18 and 19 of this manual are reprinted with the permission of the Alzheimer's Disease and Related Disorders Association a/k/a Alzheimer's Association, New York City Chapter."*

## Short Survey/Questionnaire

A very simple way to get prompt feedback is to put together a short survey or questionnaire with the following guidelines:

- As a rule, use only one-to-five simple questions.
- Once you've decided on the questions, test them first on 5 to 10 people (staff members, residents, and/or family members) ensuring the questions are easily understood and that they provide helpful information.
- Rewrite the questions, if needed.
- Be sure to explain the purpose of the survey when you ask people to fill it out.
- You are more likely to get a response if the survey is filled out on the spot.
- Decide how many responses, and/or over how long a period you want to distribute the surveys.
- Collect the surveys at least weekly.
- Put the data on a chart and analyze.
- Be prepared to respond quickly to complaints or other feedback that need immediate follow-up.

*The "short survey/questionnaire guidelines" are adopted from the Institute for Healthcare Improvement (www.IHI.org) and are printed and included herein with the permission of the Institute for Healthcare Improvement (www.IHI.org).*

As an example, here are some questions that might be asked if you are trying to enhance activity options after dinner:

- What time do you usually finish dinner?
- What time do you go to bed?
- Is there a different time that you would prefer to go to bed?
- How do you spend the time between dinner and bedtime now?
- Is there something you would like to be able to do during this time period that you can't do now? *Give examples.*

### Other information sources

Information that is regularly collected (perhaps for another purpose) is often the easiest to use. When starting a project, compile a list of existing sources of information that are relevant to your project, e.g., from the MDS (Minimum Data Set) log books, resident or staff satisfaction surveys, etc.

However, it may be necessary to gather data that is not usually collected (say, the average number of visitors to a particular unit on Sunday afternoons, which you might want to know to help determine the best kind of activities to schedule for that period). The important thing is that whatever information you collect, it needs to be as accurate as possible.

### Checklists

A checklist is a simple way to collect data. This tool can be used to show how often an event or condition occurs. For instance, a checklist could be used by environmental services to track calls for assistance from the neighborhoods between 5 p.m. and 9 p.m.

Here's a demonstration of how to use a checklist, going back to the example about collecting information on Sunday visitors:

1. Agree on the data to be collected and where it will be found (*e.g., the visitor's sign-in log in the lobby*).
2. Decide who will collect data and when (remember to speak with the staff in reception/security to gain their cooperation and to find a time that works for them).
3. Select a sample size (*e.g., all visitors on your neighborhood/community, four Sundays in a row*).
4. Make sure the questions are clear (*e.g., instead of saying "Sunday afternoon," indicate specific times, such as, "Sunday, between noon and 3 p.m."*)
5. Try out the form first, and make changes as needed.
6. Make up a check sheet for the data collectors, including places for the date, time, name of data collector, and any comments
7. Collect the data.
8. Tally all individual data sheets.
9. Evaluate the data, and decide which activity to try.

## Appendix 5

### Sharing What We Learn

The most effective presentations are made by members of the workgroup. Presentations may be made to other neighborhoods, to the performance improvement committee, to visitors, or at conferences. Presentations can be

strengthened by visual images accompanying the presentations, such as photographs, PowerPoint presentations, or storyboards (illustrations or diagrams on large cardboard mats).

#### **An effective presentation would include:**

1. What you were trying to improve
2. The members of the workgroup and the perspectives they represent
3. Who else — departments, staff, residents, families — was consulted
4. What changes were made, and what steps were taken
5. What measures were used
6. What results were obtained
7. What improvement were achieved (if none, why not)
8. What else was learned
9. What other changes are planned
10. Whether the change should be expanded to other neighborhoods, throughout the facility, and if so,
11. What preparations and training will be needed for full implementation

The workgroup might also consider putting together a skit that illustrates the point it is trying to make. For example, a workgroup that wanted to improve the way that new staff are received on a neighborhood and in the facility,

might perform a skit showing the wrong way and the right way to make someone feel welcome. The skit would be advertised throughout the facility ahead of time, inviting everyone to attend.

## Appendix 6

### Getting Started: Tools to Define an Issue and Get to the Root of a Problem

Usually when we are trying to solve a problem, it's tempting to try to come up with a solution before we really understand what is causing the problem. This can get in the way of actually solving the problem. While each of us may have a significant amount of experience with a given problem, the reality is that most of the time there is more to the issue than we are aware of. That is why before a potential solution is offered, it is so important to include other perspectives.

For example, lost personal laundry is a common problem in nursing homes. In one nursing home that studied this issue, the assumption was that staff was being careless in how they returned clothing to residents, by not paying attention to the labeling on the clothing. However, the home eventually discovered this was not the source of the problem. The actual causes were that: some residents had so few clothes that staff regularly "borrowed" from other residents in order to be able to dress those without enough clothing; and that the wardrobes in resident rooms were small, so if a resident had too much clothing for the space, staff would place them in nearby wardrobes where there was room.

Another common concern in nursing homes is "hoarding" of linens. A frequent solution offered for this is to limit the amount of linen available to staff, to minimize excessive use of linens. This, however, is not a solution that gets to the root of the problem. In this case, getting to the root of the problem involves understanding why staff "hoard" linen in the first place. A home which studied this concluded that one of the linen issues in their facility was that staff used linens for other

purposes, such as wiping up spills, and lap covers for residents in wheel chairs. In addition, they found that some staff did multiple layering of draw sheets on beds, and some staff changed beds excessively. Their first step in addressing the problem was to find alternates for wiping up spills and for lap covers for residents. Ultimately, staff "hoard" linen because they are worried they will not have enough. "Solving" the linen problem means addressing the reasons staff "hoard" to begin with.

Here are two common tools that can be used to think through an issue and get to the root cause of a problem:

#### Brainstorming

Brainstorming is often used as a starting point for addressing an issue (although it can be helpful at many different points in a problem-solving process). Someone in the group agrees to act as the facilitator, with everyone else in the group participating. A question about the issue is put to the group (for example: What can we do to make early evenings more interesting for residents?), and then people in the group are asked to make suggestions. The group should be given a few minutes to think about the question, and then about 15 or 20 minutes to do the brainstorming.

The rules for brainstorming are simple and should be explained to everyone up front:

1. All ideas are valuable as long as they are related to the subject (people shouldn't try to figure out if it is a "good" idea or not);
2. No one, including the facilitator, should comment on or criticize anyone else's idea;

3. People should not analyze or try to do problem-solving during this time, and;
4. The facilitator should write ideas on a flip chart so everyone can see every idea as it is stated by the person making the suggestion.

Brainstorming can be done by having participants call out ideas as they have them (the most common method), by writing ideas down on post-its and then adding them to everyone else's on a large sheet of paper on the wall, or through a learning circle (see Appendix 1).

Once the brainstorming is finished, the facilitator and the participants will group similar ideas together. (For example, let's say the challenge is to come up with suggestions for early evening activities for residents. One idea might be to show a weekly movie musical. Another might be to show travelogues about different parts of the world. Since both ideas involve videos, they could be grouped together. However, a suggestion to have a weekly cookie bake would be in a different category.) For this to work, the facilitator needs to ask the person who made a specific suggestion if it is okay to group his or her idea with the others. Usually, no more than four or five groups of suggestions will emerge after this process is finished.

Since it isn't feasible to explore every idea right away, the next step is for the group to set priorities for further exploration of the proposed ideas. The simplest way to set priorities is for the group to vote on the groups of suggestions. However, sometimes it will be easy to decide by consensus and a formal vote won't be necessary.

*It is extremely important, when doing this exercise, not to cut off the flow of ideas from participants.* While the number of suggestions may seem overwhelming at first, the whole purpose of the exercise is to open up the minds of group members to problems, and potential solutions, which may have been overlooked in the past. After the actual brainstorming, when the group moves on to grouping ideas together, and finally, to setting priorities, the group will become much more focused.

## **Flow Chart**

Almost any service provided in a long term care facility is the result of a series of tasks performed by several different departments. Think of how dietitians, dining services, purchasing, nursing, housekeeping, social services, and recreation all have a role in delivering meals. Often, problems in accomplishing complex tasks happen when work is handed off between departments or between people. One way to identify where a problem may be occurring is to put together a flow chart, showing every step in a process, from beginning to end.

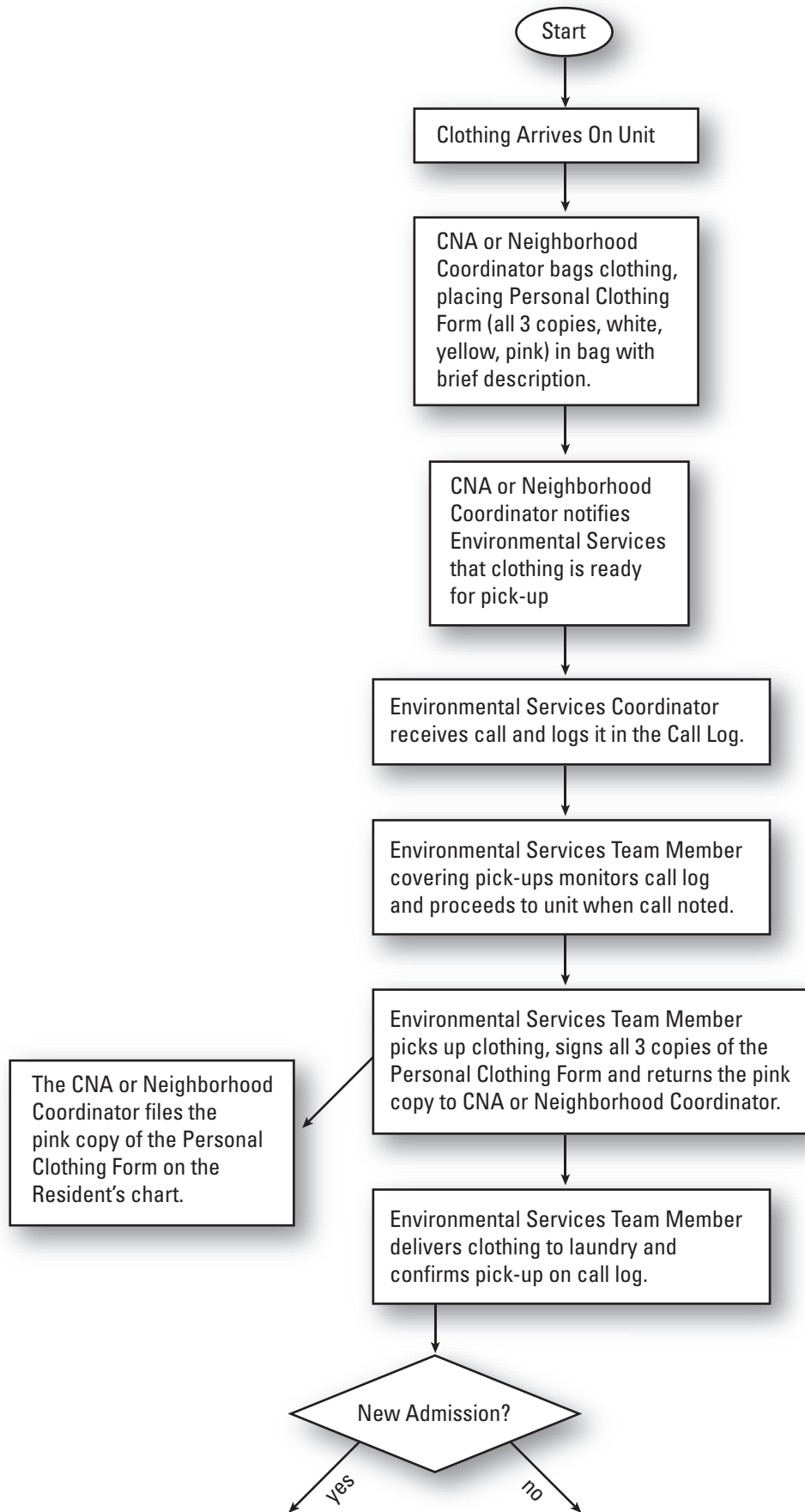
It is important to show every step in the process, the specific departments/positions, the specific actions, the decisions, and the notifications that are part of the process. A home that recently reviewed its intra-facility transfer process discovered, by comparing their policies and procedures with what actually happens when they put the flow chart together, that the reason resident trays usually kept going to the "old" floor for a couple of days following the transfer, was that they had forgotten to make notifying the dietary department part of their transfer policy.

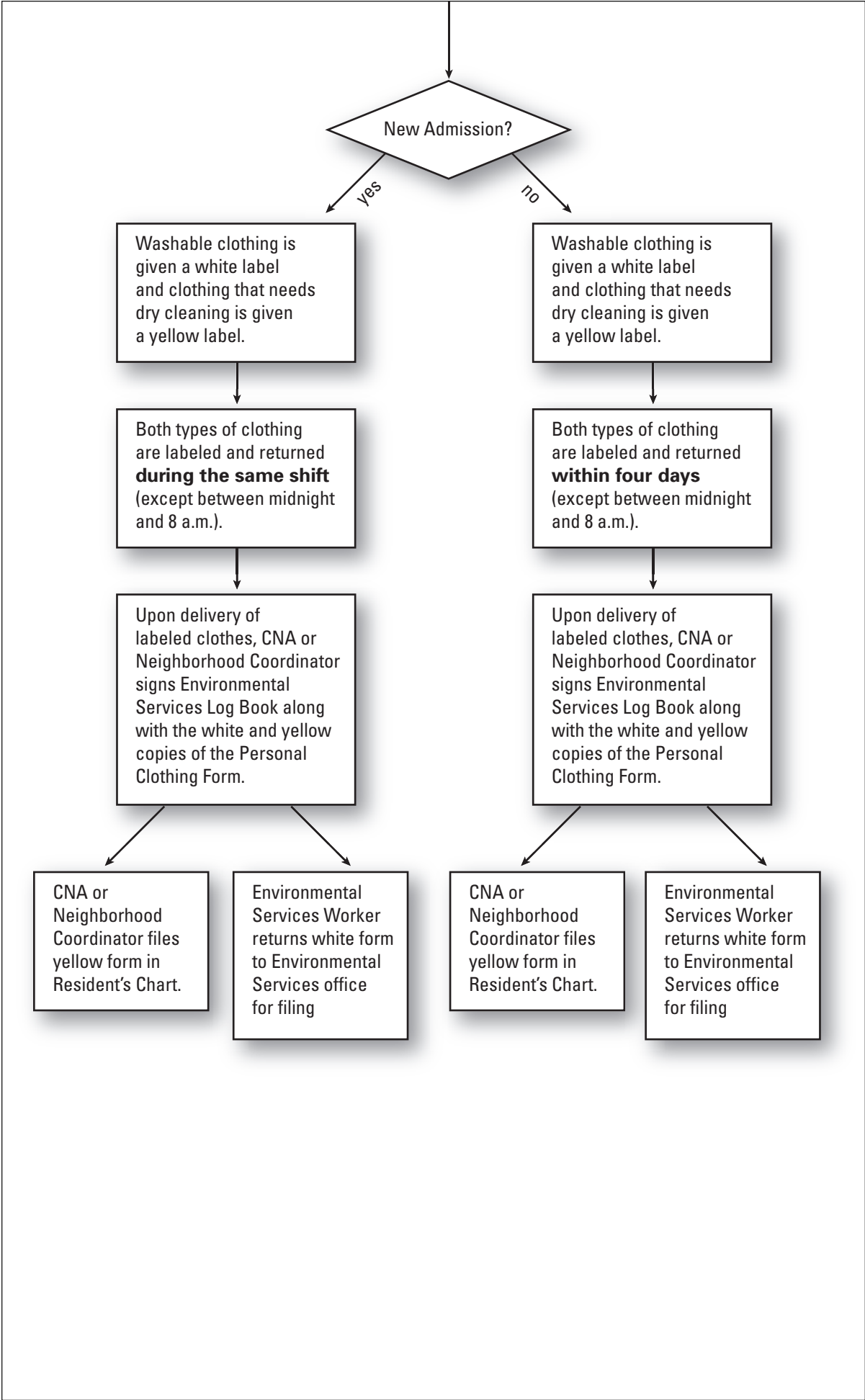
The following diagram shows the steps and decisions involved in labeling resident clothing:



## Flowchart

### Labeling of Resident Clothing





## Appendix 7

### Measuring Our Progress

#### Why do we measure?

Measures are used to help us understand how well we are doing. If we measure, by counting, the number of falls that happen on a unit in a given three-month period, it gives us information that we can evaluate and use to make an improvement plan to reduce future falls. However, the only way to know our plan is successful is to also count the number of falls *after* we make our changes.

When deciding how to measure whether a change is an improvement, make sure that different perspectives are represented. For example, if we plan a change that we believe will benefit staff on both day and night shifts, we need to remember to include staff from both shifts in evaluating the change. If we are planning a change that is expected to benefit both residents and staff, we need to find a way to measure how residents and staff are experiencing the change. *Do not assume that a measure from one perspective gives us the whole story.*

#### What do we measure?

To measure something, we need to decide what measures to use. In other words, what questions will give us information that can tell us what we want to know. For example, CMS (Centers for Medicare and Medicaid Services) gathers data from the individual MDS (Minimum

Data Set) forms that gives us the following information: (1) How many falls have occurred in the facility in the last 30 days? (2) How many residents have been observed with indicators of depression in the last 30 days, and (3) How many high and low risk residents have pressure ulcers? Because CMS collects information from facilities all across the country, we can compare the number (or percentage) of falls at our facility in a given period with the average number (or percentage) of falls in facilities in our state, or across the country.

When deciding what to measure for an improvement project, be as specific as possible. For example, if you want to know how many residents are injured as the result of a fall, it is important to count the number of falls *that result in injuries*. If you ask only about the number of falls, you will get misleading information, because many falls occur without injury. On the other hand, if you want to know the number of residents who are injured in a fall, but only ask about the number of residents who had injuries (without specifying whether they were from a fall or not), you will also get misleading information, because there are other ways besides falls that residents can be injured.

While some improvement projects may require only one measure, other projects may need several. For example, let's say a facility is changing from a tray to an on-unit steam table system of providing meals to residents. There would be many different things to measure in order to determine whether the change is an improvement. In this case, the QI team should ask residents and family members how the residents are enjoying the food and the mealtime experience. The QI team might also measure whether the overall use of food supplements changes once the dining system has changed (since one of the assumptions about making this change is that residents will enjoy eating more, leading to less of a need for dietary supplements). But we will know this only if we measure the use of supplements both before and after the changes. Another measure we can use for assessing the dining program is to look at the number of residents who have unexpected weight loss. Some measures cannot be anticipated. For example, early in this change process, one of the dining services workers may report that more residents seem to be coming out of their rooms to eat their meals in the main dining room on the community. This change might not have been anticipated, but it could be added to the list

of measures (e.g., Where does this resident prefer to eat his or her breakfast/lunch/dinner, in the main community dining area, or in his or her room?).

## **Different Types of Measures**

There are two general types of measures. One type is a *sentinel-event indicator*, which means that each time it occurs (even if it's only once), it is serious enough to investigate. For example, an outbreak of salmonella in a nursing home requires a full investigation to see where corrections may be made so that it doesn't happen again.

The most frequently used type of indicator, however, is called an *aggregate-data indicator*. To aggregate data simply means to gather information together. For example, regularly collecting information about the number of falls is called aggregating, or gathering, data.

Information we gather can be used in many different ways to help us understand how to approach a question or problem. One way is take the data that is collected and place it on a chart (see next appendix). This helps us see patterns.

## Appendix 8

### Tools to Help Understand and Evaluate Data

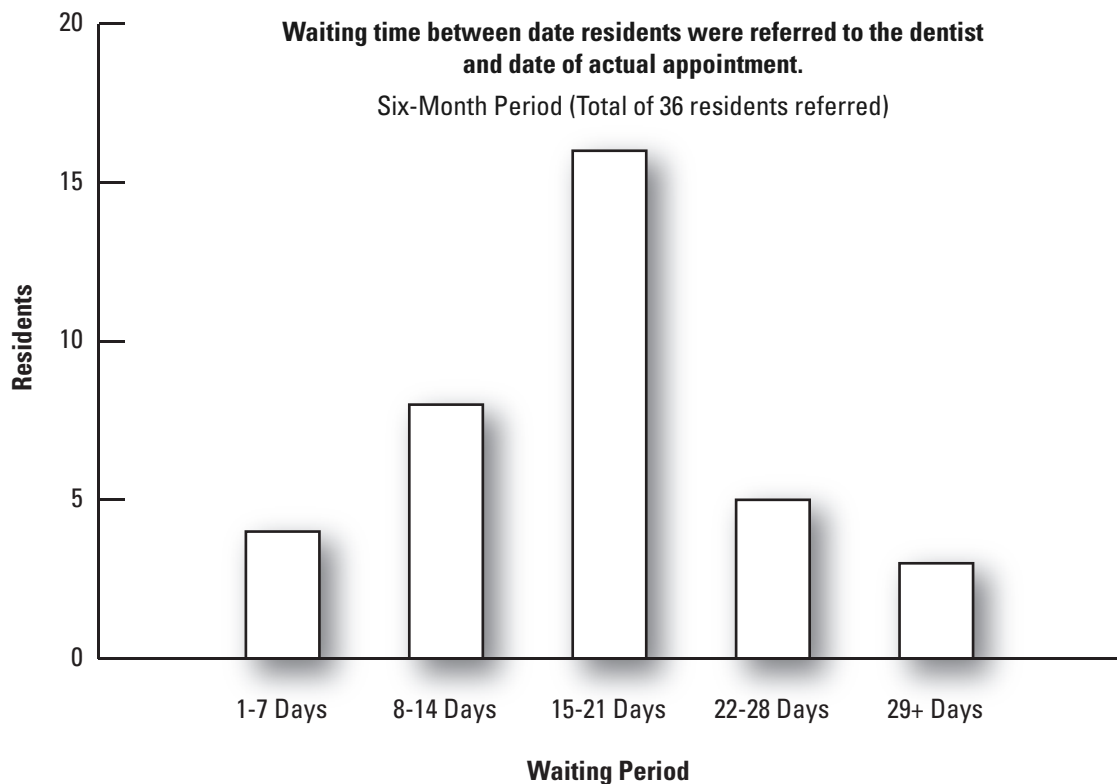
Once information has been gathered, we need to organize it in a way that helps us better understand what is happening, and then plan our next steps. Diagrams and charts are tools that can help us organize the information we have collected.

#### Histograms

Histograms are a type of chart to show us variations in data over time. For example, if we want to have an idea about the length of time

between when residents were being referred to the dentist and when the residents actually saw a dentist, the chart might look like the one below.

To make this histogram, you need to decide: (1) how many residents you are going to collect information about (e.g., everyone in one unit referred during the first six months of the year, or everyone in the facility referred during the first two months of the year); and (2) how are you going to count (days, weeks, or months?) the time between the referral and the visit.



Once you have made this chart, then you want to try and understand why it looks the way it does. For example, why is there a gap between one group of residents who saw the dentist within a week of their referral, and another group where the gap was several weeks? What explains this difference? Was the group of residents who saw the dentist within

a week having emergency dental visits? Is the second group just going for routine check-ups? Or was the dentist on vacation for a month, and there was no alternate dentist available, so no residents saw a dentist for any reason during that month? Basically, the histogram is a tool for helping us understand more clearly what the information we gathered actually means.

## Scatter diagram

A scatter diagram can help us identify and understand possible connections or relationships between two different factors. For example, if a specific neighborhood or

community is exploring the best way to organize staffing in order to help residents rise in the morning when they would prefer to, we could start by listing the number of residents, and then the time when these residents prefer to rise:

9:30 +																			
9-9:30						x													
8:30-9										x									
8-8:30								x											
7:30-8		x		x	x		x		x			x							
7-7:30	x						x				x		x		x			x	
6:30-7			x													x	x		
6-6:30														x					
5-6 am				x															
Resident #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

This diagram tells us several things:

- that only two people want to be up by 6:30 a.m.
- that no one wants to sleep past 9:30 a.m.
- that 2/3 of the residents prefer to get up between 7 a.m. and 8 a.m.

However, there are several things the diagram does not tell us. For example:

- which residents are able to dress themselves and which need assistance
- which residents are able to have breakfast on their own and which need assistance

- whether the residents who get up early want to have breakfast immediately or prefer to wait
- what time breakfast can be served from the kitchen
- what kind of food is available on the unit outside of normal breakfast hours, and whether we can provide breakfast outside regular hours that is satisfactory to residents

Once we have the answers to these and perhaps other questions, we would have a better idea of how many staff are needed at which times, and of the best times to provide breakfast, in order to respond to resident preferences.

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## **Appendix 9**

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### **The Performance Improvement Committee at This Nursing Home**

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## Appendix 10

### Resources for Performance Improvement and Person-Centered Care

For more information about the Cobble Hill—Isabella Collaboration Project, and the work that is produced in this Manual, you can contact:

- Cobble Hill Health Center

380 Henry Street  
Brooklyn, NY 11201  
Contact: Louise Dueno  
718-855-6789, x138

- Isabella Geriatric Center

515 Audubon Avenue  
New York, NY 10040  
Contact: Ellen Parish  
212-342-9360

In addition, the following organizations have information on their websites to help you learn more about quality improvement, and about person-centered care:

- Culture Change Now!

[www.actionpact.com](http://www.actionpact.com)

- Institute for Healthcare Improvement

[www.ihl.org](http://www.ihl.org)

- Pioneer Network: Culture Change in Long Term Care

[www.pioneernetwork.net](http://www.pioneernetwork.net)

- Quality Partners of Rhode Island

[www.riqualitypartners.org](http://www.riqualitypartners.org)

The following book is also a useful resource:

- *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance Improvement* [2nd Edition) by Langley, Gerald J.; Moen, Ronald; Nolan, Kevin M.; Nolan, Thomas W.; Norman, Clifford L.; and Provost, Lloyd P. © 2009, Jossey-Bass (John Wiley & sons, Inc.).



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## Appendix 11

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