



**THE MENNO HOME**  
A CARING COMMUNITY

# Smooth Movers Quality Improvement Project Report Out

May 21, 2019

COVERBASH.COM



I Like to Move it...Move it..

He Likes to Move it...Move it..

You Like To.....?

**MOVE IT!**

LearningToSee



# Define

We are focused on the process of moving into Menno Home

4 Medication Reconciliation/ Admission Or  
 physician and then faxed to pharmacy-  
 Check for any routine blood work needed  
 REQUIRES INR'S SCHEDULED.  
 5 Pharmacy Admission Notice completed  
 6 Meds. Received from pharmacy  
 7 Integrated Assessment initiated & Current  
 SCHIPP Assessment initiated & Current  
 8 through ECC as needed - Transfer Logo  
 9 Complete the Emergency Restraint Assessment  
 10 Fall Risk Documentation completed  
 11 Complete Braden Scale Assessment form  
 12 Feeding and Swallowing Screen completed  
 13 ARO form completed and faxed to region  
 14 Nursing Care Plan initiated with all details  
 15 Elder's picture is taken for the MAR and r  
 16 Added to Wandering Elder Registry Binder  
 17 Pacemaker type, manufacturer & implant  
 18 Record pneumovax, flu shots, mantoux and other pertinent info in front of  
 19 Disposable products- Elder measured and correct briefs recorded on care plan  
 20 Bath list updated with designated card  
 21 Dietary needs sent to kitchen  
 22 Daily Resident Evaluation initiated  
 23 Weight recorded on clinical record form.  
 24 Picture taken of any valuables such as wedding rings or other jewelry (picture  
 25 to be kept in chart attached to Record of valuables)  
 26 Glasses marked  
 27 Dentures marked  
 28 HIPPO request to check/record Elder's electrical equipment  
 29 Obtain copy of Notice of Assessment ( taxes ) for the financial officer  
 30 Obtain copy of a legal power of attorney and Manitoba Health Card - office  
 31 Give My Life's Journey form to family to complete and return to Chaplain  
 32 Meet and Greet conference at 1330 on day of Move In for all staff and family  
 33 Elder/Representative given the opportunity to participate in Initial Care Plan  
 34 Advanced Care Plan discussed and documented on Progress Notes.  
 Inform of 6 - 8 week conference

Reason:  
 whites & robes  
 together!  
 bread & meal  
 cream can have  
 sherbet  
 have pudding made & soy milk

COMMENTS  
 of played

AS AW Nov 18/18  
 AS AW Nov 18/18  
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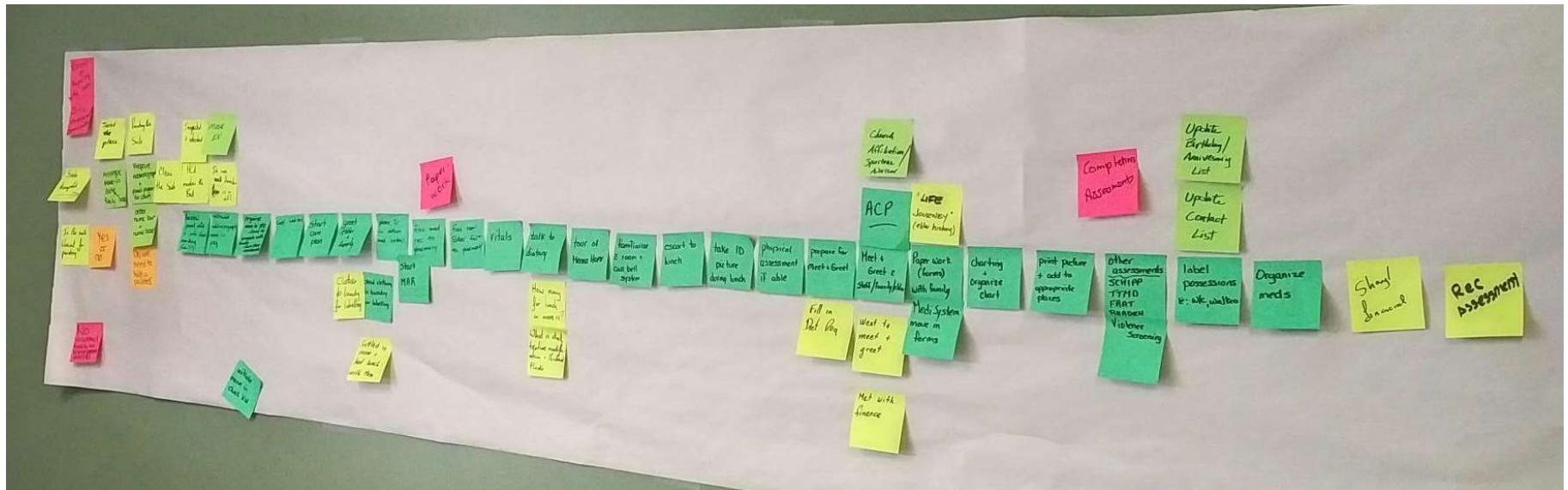
S:\Forms in Use\Nursing\Move-in Checklist 2017.doc

# Define

## *Problem Statement*

**Our current move-in process is disjointed, influenced by both internal and external forces. This negatively affects staff creating stress and diverting energy away from the elders and their families preventing the process from being person-centered.**

# Define



## *Our Current Process*

# Measure



## Measurement Plan

Prepared By:

Lisa Martens

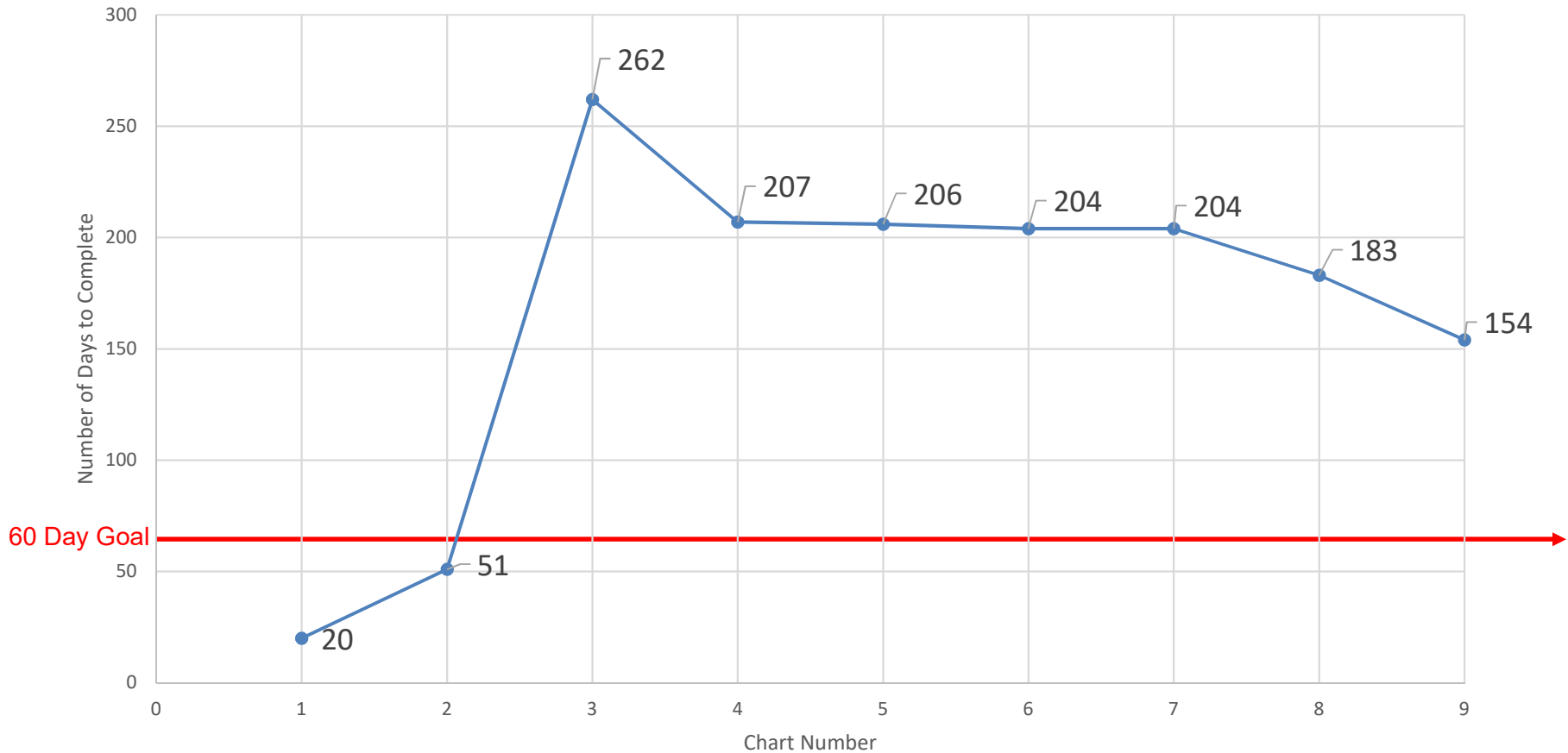
Organization:	Southern Health-Santé Sud
Facility:	Menno Home
Project:	Smooth Movers

What?	How?	Where?	Who?	When?
What is being measured?	How will you track the measurement? Tracking sheets, observations, other? Do you need any items to measure? Clock, pedometer, etc.	On which unit/area will the data be collected?	Who is responsible for collecting the measures measurements?	When are the measures being collected?
Time it takes a nurse to complete all of the move-in assessment paperwork	Retrospective chart audit from January 1, 2018- June 30, 2018	Menno Home	Irene Plett	November 14-26, 2018
Number of defects found in move-in assessment paperwork	Retrospective chart audit from January 1, 2018- June 30, 2018	Menno Home	Irene Plett	November 14-26, 2018
Type of defects found in move-in assessment paperwork	Retrospective chart audit from January 1, 2018- June 30, 2018	Menno Home	Irene Plett	November 14-26, 2018

Measurement Check Point #1:	November 27, 2018
Measurement Check Point #2:	
Measurement Check Point #3:	

# Analyze

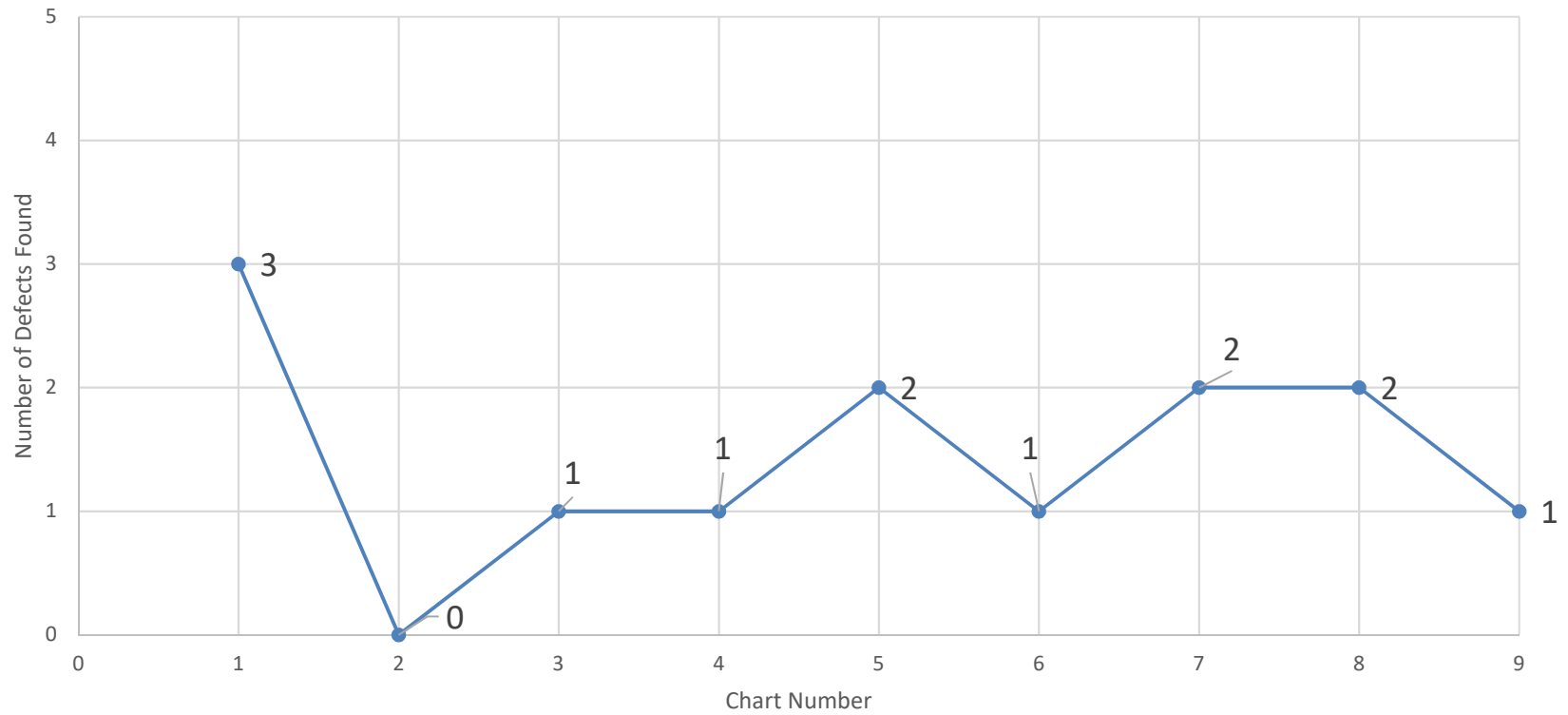
Total Number of Days to Complete Chart Documentation on Move-in



\*Chart 1 the elder passed away 20 days after moving in so this does not indicate true number of days as unable to complete

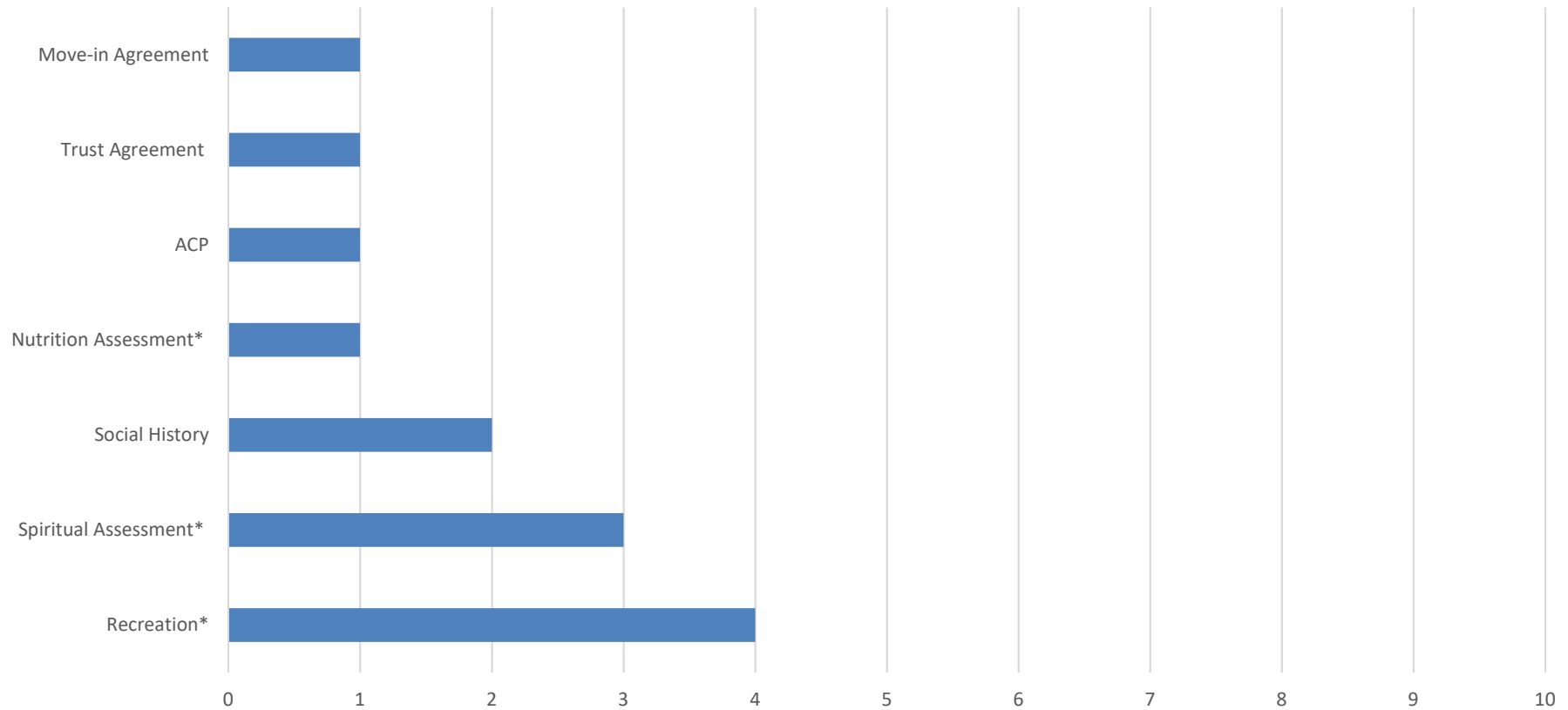
# Analyze

Number of Defects per Chart



# Analyze

## Number of Defects by Type



\*one elder passed away 2 weeks after moving in and the starred assessments were not able to be completed



# Analyze: Our Data Story

- *We measured 9 charts for elders moving in from January 1- June 30, 2018 and noted there is room for improvement as 8/9 were not complete and as of this date still have outstanding forms for elders moving in as far back as February 2018.*
- *Out of the 9 charts that were examined retrospectively for defects it was found that 1/9 was complete with no defects (11%)*
- *The average number of days it took to complete all required documentation was approximately 163 days or 5.4 months.*
- *The requirement is that all paperwork is to be completed at 60 days or 2 months. One chart was completed prior to the deadline with no defects.*
- *The good news is we can see where can improve and tackle those issues!*

# Improve

*Aim statement*

**We will accomplish 100% completion of the move-in process within the goal of 60 days for all elders moving in up to June 30, 2019.**

# Improve

## ***PDSA 1***

### *Description*

- **Set up a team to 5S the nursing paperwork including the nursing move-in check list, nursing paperwork move-in package. Set up a move-in location hub to keep the nursing paperwork in sight until completed.**

*Date Implemented* **Dec 21/18**

- **5S existing filing cabinet for the rest of the forms for nursing**

*Date Implemented* **March 31/19**

- **Educate the nursing staff on the improvements and the new process for working with the nursing forms when complete**

*Date Implemented* **Dec 21/18**

# Improve

## ***PDSA 2***

### *Description*

- **Review the current move-in process policy and create a flow measuring tool and a multidisciplinary checklist for the move-in process**

*Date Implemented* **Dec 19/18**

- **Educate all staff on the improvements and the enhanced process for moving in when complete**

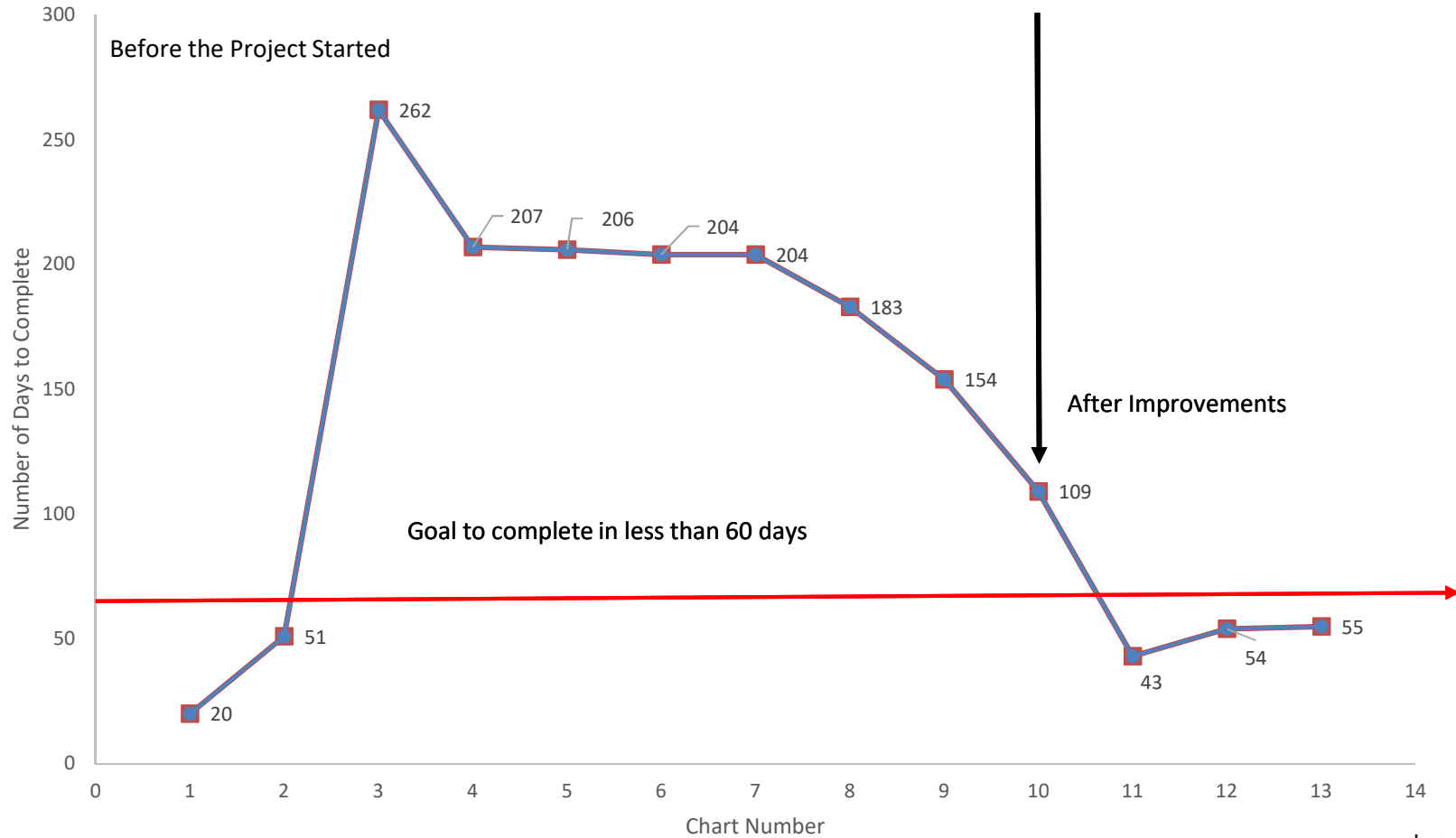
*Date Implemented* **Dec 19/18**

- **When someone moves in, use the weather forecast and the nursing shift to shift report to give a progress report to what stage the move-in is at and when we are “ready for lift off and when we reach the planet” (goal)**

*Date Implemented* **Ongoing**

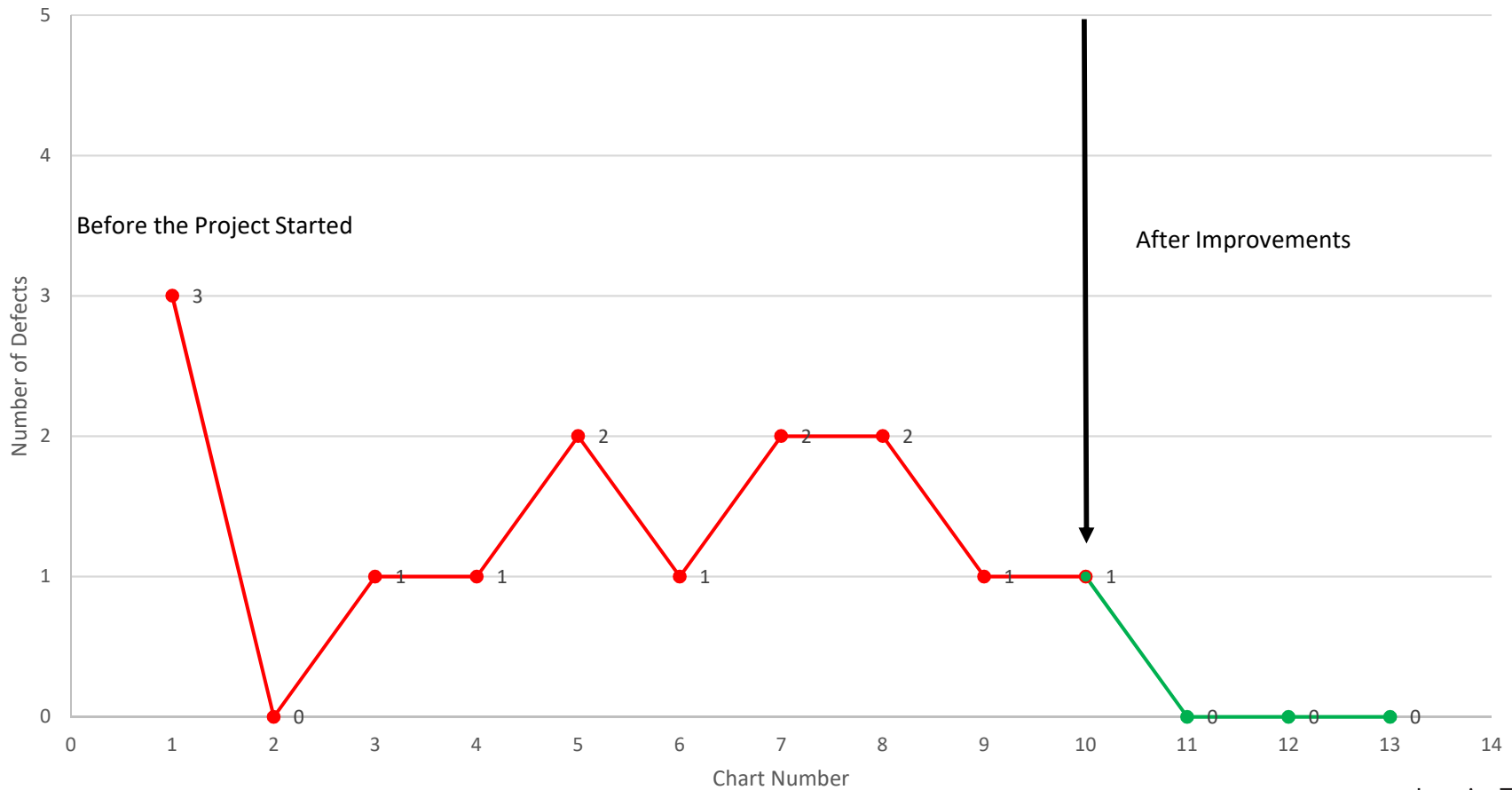
# Improve

Total Number of Days to Complete Chart Documentation



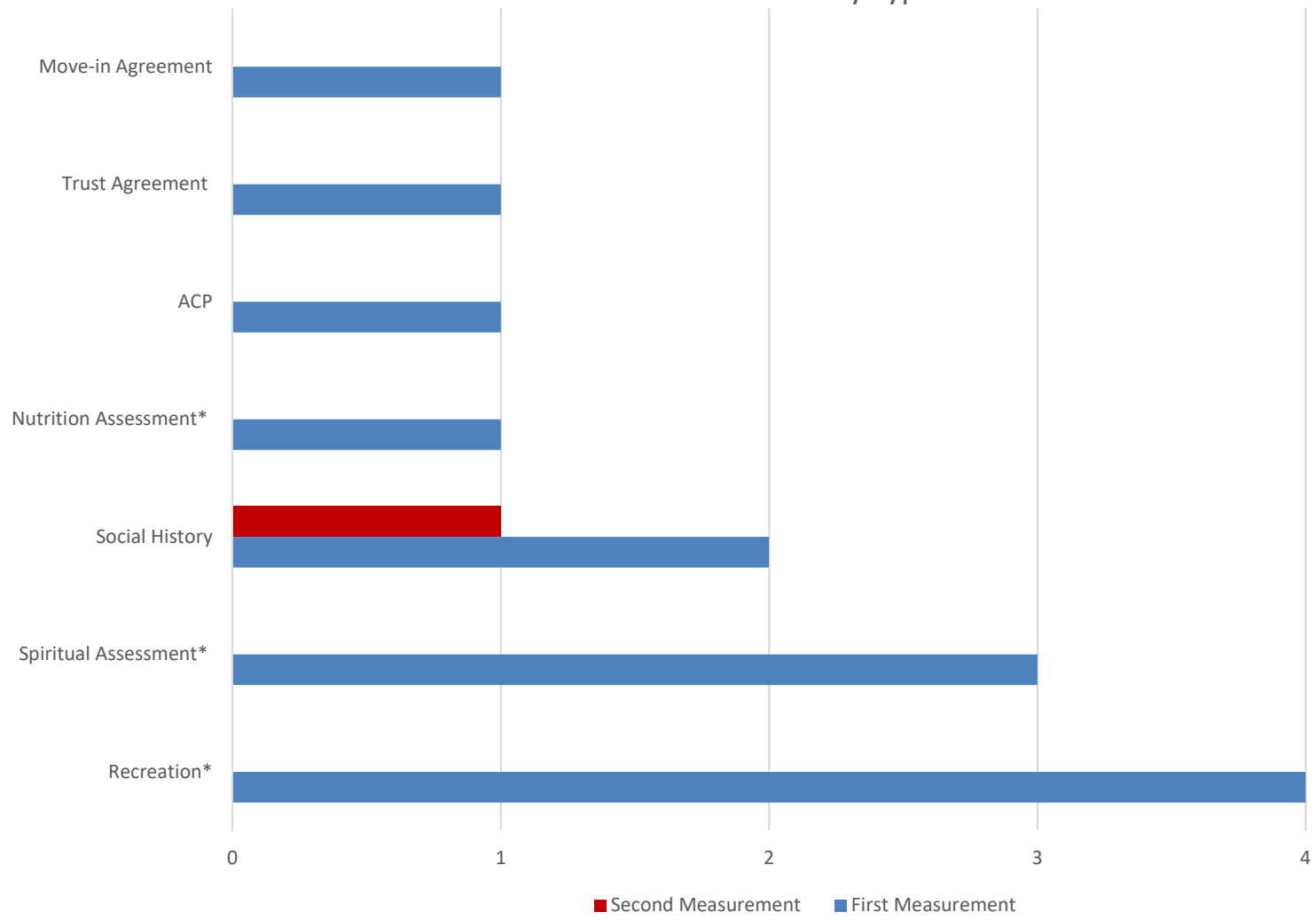
# Improve

Number of Defects per Chart



# Improve

Number of Defects by Type



# Improve

*Aim statement*

**We will accomplish 100% completion of the move-in process within the goal of 60 days for all elders moving in up to June 30, 2019.**



# Improve

- *We measured 4 charts for elders moving in from January 1- March 7, 2019 and noted **there was a huge improvement as 3 out of 4 were 100% complete and on time.***
- *Out of the 4 charts that were examined retrospectively for defects it was found that **3 out of 4 were complete with no defects (75%) an improvement from just 11% on first measure***
- *The average number of days it took to complete all required documentation with this **measurement was 65 days versus 163 days when we first started.***

# Control

*What controls have we put in place to ensure that performance does not lapse?*

<b>Fundamental Change</b>	<b>Old forms removed when changed cannot go back</b>
<b>Error Proofing</b>	<b>Forms in order of check list, all steps necessary outlined on the list</b>
<b>Visual Control</b>	<b>“Hub” Central location for move-in materials, “road map”</b>
<b>Standard Work</b>	<b>Check list to follow same for all move-ins</b>
<b>Training</b>	<b>Staff huddles</b>
<b>Continue to Measure</b>	<b>Audits will continue until December 31, 2019 to have a full year of data</b>
<b>Audit</b>	<b>5 Minute 5S for check list completion</b>
<b>Checklist</b>	<b>Pre-Move-in Checklist for required paperwork in order of urgency</b>
<b>Policy &amp; Procedure</b>	<b>Review, update and communicate existing policy</b>
<b>Written Sign</b>	<b>Quality Board bringing attention to the project</b>

# Lessons Learned

*What were some of the key things we learned about quality improvement while doing this project?*

- *Small changes can add up to big improvement.*
- *We're all in it together!*
- *Change is easier when everyone has the same concern and are invested in change*
- *It's important to hear the voice of the customer and inviting a family member to join us in the process was invaluable*
- *It is rewarding when the PDSA actually works*
- *We learned a lot and it has sparked ideas for phase 2*
- *You have to choose the project scope carefully so you don't bite off more than you can chew*
- *Working to measure what happens to people is far different than measuring the amount of laundry on a cart.*

# Next Steps

What next QI project or where is the project spreading?

- This information would be especially useful to others in Long Term Care who have similar processes
- As per our Sponsor it will be spread to the PCH Standards Team Meeting
- The new revised checklist will be shared if someone does not have one already and would like to start standardizing their process.

# The Team!

Krista Driedger- Elder Care Coordinator

Dave Claringbould- Home Environment Coordinator

Len Hart- Chaplain

Janella Friesen- Executive Assistant

Irene Plett- LPN

Gwen Wiebe- RN

Tina Doerksen- Family Member

Lisa Martens- CEO/Yellow Belt Candidate

Tannis Nickel- Mentor

Heidi Wiebe- Sponsor