

## MEETING THE LEADERSHIP CHALLENGE IN LONG-TERM CARE

*What You Do Matters*

### **Inter-shift, Interdisciplinary Shift Hand-Offs**

#### **What It Is:**

A shift hand-off is a short gathering of nurses and CNAs finishing their shift with nurses and CNAs just beginning their shift. It occurs during a period of paid overlap between shifts. The first half is walking rounds in pairs of the CNAs leaving and the CNAs starting, to check in on all the residents together. The second half is a resident-by-resident review, led by the consistently assigned CNAs, describing how the last shift has been for each resident. They discuss both quality of life and quality of care, and focus on areas of risk, with an emphasis on prevention. Hand-offs are regularly attended by social work, activities, dietary, therapy, and housekeeping staff. All staff share any pertinent information as a resident is discussed.

#### **Why Do It:**

Communication of essential information cannot be left to chance. It is most efficient to share the information in a group rather than walk it around. A smooth shift hand-off ensures that everyone has timely accurate information and is able to problem-solve together any areas that need such attention.

Meeting together reinforces teamwork and allows everyone to hear about every resident. Staff routinely provide in-the-moment help to residents who are not on their assignment and therefore need to know up-to-date information about each resident. This level of communication, in which everyone is on the same page, allows all staff to know what they need to about each resident, so that residents are receiving cohesive, coordinated care.

#### **Who Participates:**

A Shift Hand-off is a gathering, at least, of the nurses and CNAs working together by unit for the shift leaving and the shift starting. It is optimal to include other staff such as housekeeping, social work, activities, dietary, and therapy.

#### **When To Do It:**

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By David Farrell, Cathie Brady, and Barbara Frank

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The shift hand-off occurs during the 30 minute paid overlap time for the shift leaving and the shift arriving. The last 15 minutes of the shift ending is spent in paired walking rounds to check together on each resident and ensure that they have the measures in place that they need. The first 15 minutes for the shift starting is then spent with both shifts of staff discussing each resident.

### **How Long:**

The paired walk through takes 15 minutes and the resident-by-resident review takes 15 minutes, more or less.

### **Where To Do It:**

The meeting needs to be in an area that is easy to get to, big enough for all to comfortably attend, and in a place that allows for a private discussion. Good places include any private area near the nurses' station.

### **How To Do It:**

Standing Agenda Items may include:

- Resident by resident report by exception, focused on risks and opportunities, including quality of life and quality of care, using MDS areas of functional status, mood, and customary routines as a guide
- Note anyone in their ARD for MDS
- Recent and Expected Discharges, Hospitalizations, or Admissions
- Information about new residents, including social history, family information, medical needs, customary routines and special needs

### **Keys to Success:**

**Be on time:** This is a short meeting. It needs to start and end on time. Everyone needs to be there on time and be prepared to share.

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**Process:** This is a CNA-led process. CNAs share information about each resident in their assignment. As CNAs discuss each resident, others add any other relevant information about that resident. Report is by exception, focused on risks and opportunities in both quality of care and quality of life.

For example if someone is at risk for pressure ulcers, discussion will include factors related to prevention, such as how well they ate and drank, and any positioning issues. If someone has been depressed, the discussion will include their interactions and participation in activities. If a resident does not seem to be themselves that day, this is noted and discussed. All members of the care team add to the discussion from their sphere of responsibility.

**Critical Thinking:** To be successful shift hand-offs have to be valuable to the participants. These are not rote reports. They are opportunities for critical thinking and problem-solving together to ensure the best care for each resident.

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