Iowa Veterans Home
“Unit-Based Team” Design Report Out

“UBT” Team

May 9 - 12, 2011

The Opportunity

David Worley

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The “UBT” Team

Stacey

Team Members: Tracy Berendes, Rob Buchwald, Lana Comstock, Jim Elliott, Laura Feeback, Mike Groh, Kim Gummert, Carrie Hagen-Underhill, Michael Heng, Jan Jeske, Shellee Jordebrek, Kay McConnell, Doug Moberly, Peggy Moore, Stacey Nichols, Cindy Nyce, Melissa Sienknecht, Steve Simpson, Pat Sommerlot, Amanda Thill, Helen Willet, Russ Pape, Susan Godwin, Mike Rohlf

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Scope

Shellee

- **This event will address how to make unit based teams successful for the Veterans Home**

Objectives

Lana

1. Develop the basic foundation of how unit based management works
2. Define which disciplines will be unit-based versus consultative
3. Determine the impact for all residents and staff involved
4. Develop a clear communication plan for all IVH community
5. Determine the necessary strategies to make unit based management successful
6. Develop evaluation process to determine success, identify potential consequences and trouble shoot
7. Determine consistent factors across all units and what the variables can be between units
8. Determine formal and informal education needs on team building, teamwork, empowerment

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Lean Methodology

Laura

- Clear objectives
- Team process
- Tight focus on time
- Quick & simple
- Necessary resources immediately available
- Immediate results (new process designed by end of week)

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Kim Trends

- Younger population and increased frailty
- Change in residents (ex: more debilitated (TBI), more MH issues, less resources, Dementia, younger clientele/more interests)
- Increased expectations (more privacy, individualized, personal belongings are more electronic, home-like)
- Economic instability
- Increased trend with technology in health care (ie Telemed, electronic records)
- Leadership trends – making decisions at lowest level – giving the staff support and empowerment, leaders coaching/mentoring, leadership vs management
- Need to look at quality of life in many aspects, not just physical. Holistic.
- Need to remain competitive with the private sector
- More self-sufficiency (ex: gardens, going green)

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SWOT

Jan

Strengths

- We serve veterans and their families
- Quality of care
- Very caring employees / passionate/ longevity
- Constant funding source – state and federal
- Very supportive/highly involved veteran's group
- Ability to enhance residents lives with community re-entry program/cottage program
- Technology advancement for residents – computers in library; skype
- Excellent, well-maintained facility

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Steve

SWOT

Weaknesses

- Government funding
- Sustainability of new initiatives
- Facility is too big to implement any change quickly
- Attendance
- Communication – team; disciplines; overall facility, positives, negatives, and changes
- Focus is often on the staff vs the residents
- Top down management
- Decisions are based on reaction instead of proactive

Melissa SWOT

Opportunities

- Culture change/Resident-centered care
- Flexibility/opportunities for variety of living area/or arrangements
- Everyone has a chance to be part of unit management
- Decision making at the level it can be made with parameters; starts with residents and works its way up
- Design facility into smaller, more nimble groups
- Collaboration w/ peers
- Opportunities are endless – have the opportunity to direct the future – what will we make it?

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Jim

SWOT

Threats

- Funding, budget
- Loss of workforce/trained employees/ aging volunteers
- Economy
- Fear of Change
- No longer trend-setters
- Group think
- Increased competition

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Brainstorming

Mike G.

- Staffing needs based on review of resident needs at unit level
- Streamline support service ie; main work caddy with supplies light bulbs, cable supplies
- Feedback from volunteers veteran's associations, trainers that come to the facility (external customers) Immediate feedback
- Residents to have input into staff evaluations
- Develop tools to measure resident and staff satisfaction
- Mentoring program for each team – staff and residents
- Teach all team members the joy of answering call lights
- All team members should be taught lifting/transfer techniques

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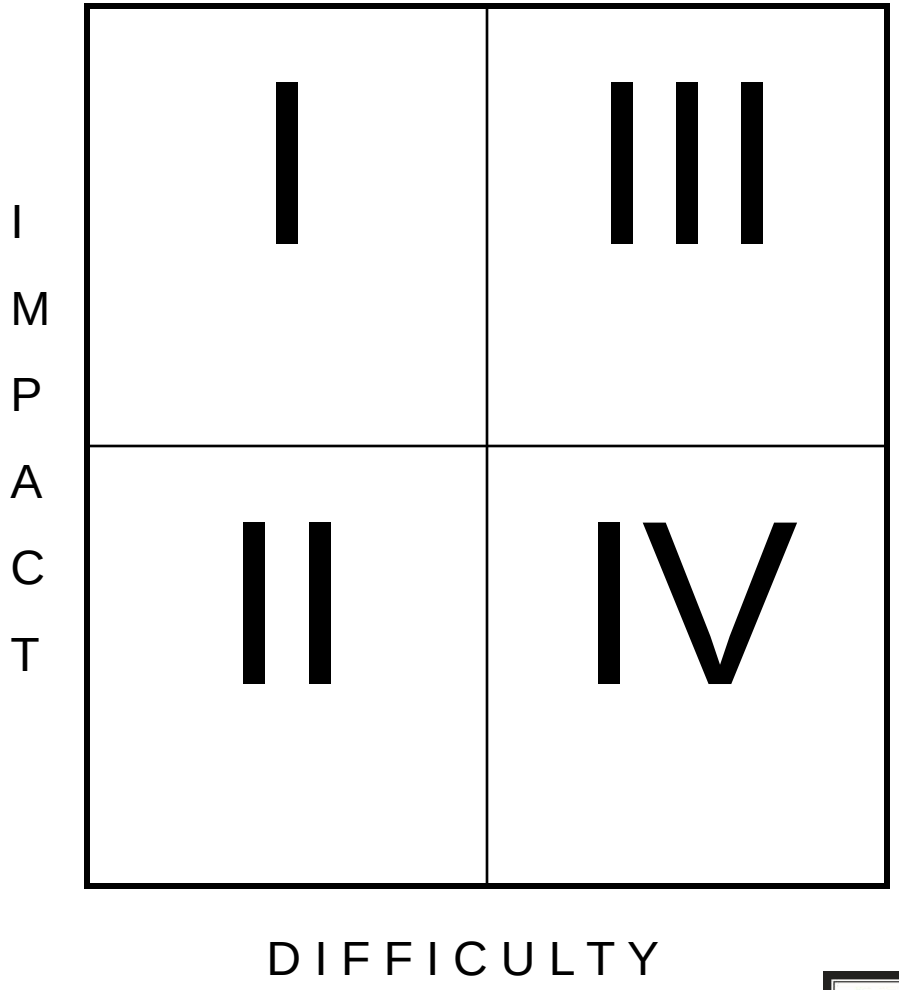
De-selection Process

Mike H.

- Identifies
  - Impact to customer
  - Difficulty implementing
- Helps to rate/ rank solutions to resolve issues while identifying ease of implementation



Rob

Definition of Unit-Based Team:

A Unit-Based Team empowers members within the community to utilize their knowledge, talents, abilities and all available resources to participate in the decision making process to ensure the residents' quality of life and employee satisfaction.

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Pat

Unit-Based Team Members

NSII

NSI

RN

LPN

CMA/RTW

NUC

Utility Worker/Resident Aides

Dietician

Social Worker

Rec Therapist

Housekeeping

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Peggy

Timeline for Implementation

- Education on new process – 5/12 thru 6/15
- Homework Assigned – 5/12
- Meet with dieticians to discuss move, schedules, requirements – 5/17
- Work on incorporation of Dieticians to unit management model – 5/18
- Meet w/ Dept Heads – 5/17
- Meet w/ Rec Therapists to discuss move, schedules, requirements, etc. – 6/1

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Carrie

Timeline for Implementation (Continued)

- Work on incorporation of RT in unit management model – 6/2
- Rec Therapists move – 6/3
- Issue Update – 6/3
- Homework Completed – 6/15
- Update on Homework – 6/15
- Dieticians move -- 7/1
- Issue update – 7/1
- Team education, orientation, ground rules – 7/5

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Doug

Unit-Based Team Responsibilities

<u>Responsibilities</u>:

1. We are responsible to our core work. Decision-making within the scope of practice. We are all responsible to the mission.
2. UBT's decision making is inclusive of all and ALWAYS focused on the resident.
3. Adherence to ground rules:
    a. Keep an open mind to change
    b. Maintain a positive attitude
    c. Create a blameless environment
        i. Agree to Disagree
    d. Everyone has a voice
    e. Practice mutual respect
    f. Understand the process and just do it.
4. Open communication where conflict resolution and emotional intelligence are an expectation "not an option!"

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Cindy

Unit-Based Team Accountabilities

<u>Accountabilities:</u>

1. Understand that any decision made, you are accountable to that decision (including team decisions)
2. Prior to making a decision, we all use a process in which we must evaluate the impacts to:
   a. Resident
   b. Yourself
   c. All Others
3. Decisions made must be communicated – each team may need to identify the various communication processes

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Amanda

Educational Components of Implementation:

1. Educate on rationale of rules and regulations as issues arise and on-going
2. Define “group think” – how to identify it and deal with it.
3. Initial survey on each unit and again in 6 months to evaluate/measure performance of team
4. Educate regarding general healthy diet – dietician to plan.
5. Look at inside and outside sources for leadership training/conflict resolution.
6. Cross train/Train the Trainer regarding job sharing – set timeframe for completion – develop check list
7. Learning circle – do with unit-based team core members – educate.
8. Definitions of empowerment – allow people to practice it.

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Helen

Communication Plan

Utilize the following methods:

- Unit meetings – resident and staff
- Available publications
- Blitz
- 1:1
- Departmental meetings
- IVH committee meetings
- Employee forums
- E-Mail
- SharePoint
- In-Services
- Bathroom wall
- Parking lot

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Homework

Russ

Item	Item Description	Person Responsible	Due Date
1	Written job descriptions available for all positions in each community; Develop PDQ and essential functions; Develop criteria for consideration of employment (reliable, competent, great attitude)	Lana	7/21
2	Develop criteria for the position of unit team leader and how those should be filled	Mike G.	6/15
3	How to implement teaching all team members the joy of answering call lights	Tracey	6/15
4	All team members should be taught lifting/transfer techniques	Tracey	6/15
5	Plan for all team members should be a PNA – including who currently is and who needs trained	Melissa	6/15
6	All unit team Members attend and participate in regularly scheduled team meeting (Communication, logistics); Weekly neighborhood meetings; monthly community /building meetings; agendas include decisions for outstanding topics, scheduling; quarterly meetings with “consultative” discipline leaders; resident forums – Q&A, families invite; utilize on-going Learning Circles to evaluate what is/is not working.	Cindy	7/5
7	Develop a peer review process so all employees will be involved in peer reviews (QIII)	Doug	8/18
8	Define core team members	Team	5/11

Team Member Experience

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Peggy
Carrie

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Comments

- Mike Rohlf, Facilitator, IDED

We welcome your questions and comments!

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