TEXAS STATE
CONFERENCE

DAY 2

SEPT. 26, 2024

TEXAS ASSOCIATION OF DIRECTORS OF NURSING ADMINISTRATION

TXADONA Conference 2024

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CLINICAL STAND-UP

HOW EFFECTIVE IS YOURS?

PRESENTED BY: LISA RIDLEY RN,MSN,LNFA,WCC,QCP
EDUCATION PLANNER TXADONA

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Learning Objectives

Be educated on the benefits of an effective clinical stand-up meeting and how it affects the overall quality outcomes in any setting.

Will understand how a clinical stand-up meeting can hi-light areas of concern into all the care and service areas of your organization.

Will understand the importance of having the right individuals to provide the necessary clinical data for review.

Will understand how to develop and implement an effective clinical stand-up.

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PURPOSE OF A CLINICAL STAND-UP MEETING

► Clinical stand-up meeting can set the tone for the day, establish priorities for care, and bolster consistent continuity of care.

► Clinical stand-up can introduce nurse leaders to a daily briefing of resident care from the prospective of the charge nurses and nursing assistants caring for residents on specific units within the facility.

► Clinical stand up sets the team up for success each day, a clinical briefing can help to facilitate the delivery of care that upholds clinical standards of practice and fosters compliance with regulatory requirements.

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WHY IS A DAILY STAND-UP A MUST FOR IDT APPROACH?

IT helps to share progress, get aligned, and prepare for the day ahead.

When they are not run properly, stand-ups can quickly turn into a waste of time, instead of useful status updates.

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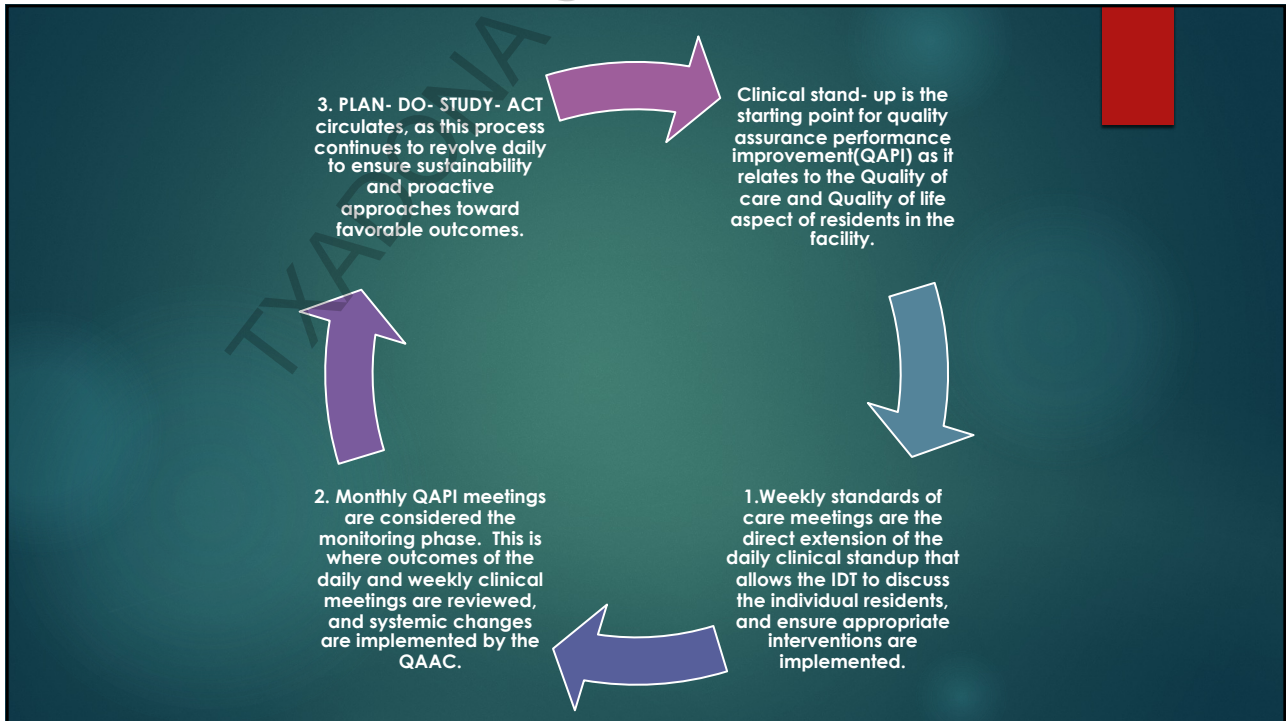## How to ensure your clinical stand-up meeting achieves its intended purpose.

- By assessing your clinical stand-up to determine if it facilitates a team approach that can be effective in identifying quality concerns proactively and implementing an effective plan with monitoring.

- By ensuring your clinical stand-up includes staff that have knowledge of the information to give to those who need to hear the information are present and attentive.

- Everyone knows the time, and always come prepared for the meeting. Set specific time to start and end the meeting by remembering that everyone's time is valuable and important.

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What marks the difference between:

A Daily Clinical stand-up VS A Daily Departmental Stand-up briefing

Daily Stand-up – Focus on coordination of operations between departments**.**	**Daily Clinical Stand-up** – Focus on management of clinical care within one unit at a time.

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3. PLAN- DO- STUDY- ACT circulates, as this process continues to revolve daily to ensure sustainability and proactive approaches toward favorable outcomes.

Clinical stand- up is the starting point for quality assurance performance improvement(QAPI) as it relates to the Quality of care and Quality of life aspect of residents in the facility.

2. Monthly QAPI meetings are considered the monitoring phase. This is where outcomes of the daily and weekly clinical meetings are reviewed, and systemic changes are implemented by the QAAC.

1.Weekly standards of care meetings are the direct extension of the daily clinical standup that allows the IDT to discuss the individual residents, and ensure appropriate interventions are implemented.

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DAILY CLINICAL QAPI

TOPIC	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
UNIT: MANAGER:	DATE:_____	DATE: _____	DATE: _____	DATE: _____	DATE: _____
Prep & Attend Daily Meeting (audit tool)					
24 hour Report/Change of Condition					
Verify midnight census					
Priority rounds should be made on these residents with any COC.					
Review the notes for any COC for all required elements of documentation from 24 hour report, & or Realtime.					
Vital Signs					
Assessments					
Physician/Responsible Party notification					
24 –72 hour follow up until resident is stabilized					
Was a Stop & Watch completed on initial COC and reviewed by charge nurse?					
Was a SBAR completed on the initial COC					
Update care plan re: COC					
COC documented in N/N (if no SBAR)?					
Telephone Orders					
Check for accuracy of order written/transcribed					

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Telephone Orders					
Check for accuracy of order written/transcribed					
Write clarification orders as necessary					
Review documentation					
Appropriate nursing intervention documented					
Resident/Responsible Party/Physician notification					
Accurate transcription of orders to the MAR, TAR, and/or Smart Charting/ ADL flow sheet					
Validate medication/treatment supplies are available					
Update care plan as needed based on changes of condition					
Distribute communication forms to appropriate departments					
vent Reports					
riority rounds should be made on these esidents					
eview documentation of the event					
ital signs and neuro checks as indicated					
Physical/Mental assessment of resident one?					
Responsible Party/Physician notification one?					
vestigation for root cause of event					

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Nursing Follow – up Tool

Station: _____

Admission

Resident	Code Status	Meds on Cart	Assess/Summ	Ht/Wt	48 HR Care Plan	Follow up Needed

Change of Condition

Resident	MD	Situation	COC/StopNWatch	Intervention	Eval/Follow-up

Accidents/Incidents

Resident	Type	Wit/Unwit	Neuros	Injury	MD/Fam Notification	New Interventions Care Plan/POCD Updated

Transfer

Resident	Reason	RTA Log	Transfer Form	Signed out Hosp	Meds on Hold

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New Orders

Resident	Order	MAR	Parameters/Special Requirements	Nurses Note	RP Notification

Infections

Resident	Antibiotic (with stop date)	Diagnosis	Criteria	Care Plan	Nurses Note (RP notification, follow up ect)	Infection Surveillance

Psychotropic Medications

Resident	Medication	Diagnosis	Care Plan	Consent	Behavior Monitoring

Lab Order

Resident	Order	Collected	Results Obtained	MD Notified (also RP)	Scanned	NN	Follow up needed	Metrostat (entered)

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5 Tips to Run Effective Daily Stand-ups:

- ▶ Always start on time.
- ▶ Protect the 30-minute Time-Box
- ▶ Ensure everyone is focused and listening.
- ▶ Switch up questions from time to time.
- ▶ Prevent the stand-up from becoming a problem-solving session.

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Tip # 1: Always Start on Time

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1. When people get in the habit of arriving late, the stand-up's flow constantly gets interrupted. Plus, participants who are late can miss important changes or updates, which could contribute to a delay in treatment or an omission in care.

2. The DON or Designee's job is to establish the importance of being on time. A common best practice is to simply start the meeting, regardless of who's there.

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Tip # 2: Protect the 30-Minute Time Box

1. The longer the meeting goes, the larger the chance for people getting bored and start sidebar conversations. Limiting the timeframe of start-up prevent this from happening as much as possible. That is why it is so important to make sure the meeting don't go over the limit.

2. Don't allow participants to go off on tangents. Kindly redirect.

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Tip # 3: Ensure Everyone Is Focused and Listening

1. It is very easy to not pay attention to other people's updates by replying to emails, scrolling through social media, or simply zoning out. This happens all the time during stand-ups and is one of the main reasons they can be considered a waste of time.

2. To avoid this problem, you must lead by example – don't go off chatting, answering emails, or making coffee during stand-up. Also make sure your updates are as concise and relevant to the team as possible.

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Tip # 4: Switch Up the Questions from Time to Time

The daily stand-up can become a formality with standard questions sounding robotic.

If we are not careful the meeting will be nothing more than calling words which will have no substance.

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Tip # 5: Prevent the Stand-Up From Devolving into a Problem-Solving Session

One of the easiest ways to ruin a stand-up is to turn it into a problem-solving session.

There can be instances where team members start talking about an issue and another person joins in to explain how it could be solved. Before you know it, they're going back and forth, while everyone else is zoned out.

The DON/Designee must be prepared for these situations and cut them off early and asks the team members to have the discussion after others who don't need to be involved are done with their portion of the meeting.

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- For a facility to develop and sustain optimal quality care, it starts with rounding, assessing implementing and follow up through an effective clinical stand-up and stand-down meeting when necessary.
- Clinical stand-up should be thought of by all as necessary to fulfill the obligations healthcare providers commit to when making the decision to serve the sick and elderly population. Clinical stand-up is the FOUNDATION to favorable outcomes.

Conclusion:

AS THE LEADERS YOU MUST DO A SELF-ASSESSMENT OF YOUR CLINICAL STAND-UP PROCESS AND DETERMINE IF YOU ARE SATISFIED WITH THE FOUNDATION YOU ARE STANDING ON, OR DOES IT NEED SOME STABILIZATION AT THE BASE.

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QUESTIONS
OR
COMMENTS

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Thanks for your time!

We are seated among the elite game changers!

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REFERENCES

TEXAS HEALTH AND HUMAN SERVICES COMMISSION (HHSC)
HTTPS://HHS.TEXAS.GOV/

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