

LEADE

LEADING EFFECTIVELY BY ADVOCATING
AND DELIVERING EXCELLENCE

LEADER				
Name: _____				
Title: _____				
Assignment: _____				
Any change in resident status? <input type="checkbox"/> Admissions <input type="checkbox"/> Discharges <input type="checkbox"/> Transfers <input type="checkbox"/> Appointments	Any concerning changes in resident's condition? <input type="checkbox"/> Pain <input type="checkbox"/> Skin <input type="checkbox"/> Ambulation <input type="checkbox"/> Elimination <input type="checkbox"/> Behavior <input type="checkbox"/> Safety <input type="checkbox"/> Appetite	Any residents requiring extraordinary monitoring? <input type="checkbox"/> Falls <input type="checkbox"/> Decline in condition <input type="checkbox"/> IV/ABT therapy <input type="checkbox"/> Hospice	Any concerns related to residents environment? <input type="checkbox"/> Room temperature <input type="checkbox"/> Supplies <input type="checkbox"/> Equipment	Any concerns or barriers related to your ability to perform your job effectively? <input type="checkbox"/> Supplies <input type="checkbox"/> Environment <input type="checkbox"/> Acuity <input type="checkbox"/> Time constraints <input type="checkbox"/> Family requests
NO "I do not have any actual or expected changes in resident status."	NO "I have no residents with concerning changes in their condition."	NO "I have no residents requiring extraordinary monitoring."	NO "I have no concerns related to my residents environment."	NO "I have no concerns or barriers affecting my ability to perform my job."
YES "My residents with changes in their status include..." 1) _____ 2) _____ 3) _____	YES "My residents w/ concerning changes in their condition include..." 1) _____ 2) _____ 3) _____	YES "My residents that require extraordinary monitoring include..." 1) _____ 2) _____ 3) _____	YES "My residents with concerns related to their environment include..." 1) _____ 2) _____ 3) _____	YES "My concerns affecting my ability to perform my job include..." 1) _____ 2) _____ 3) _____

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OBJECTIVES:

- Accountability: Declare roles and assignments
- Advocacy: Identify patient needs
- Critical Thinking: Prioritize and recognize obstacles
- Communication: Share important information
- Collaboration: Utilize an interdisciplinary approach

OUTCOMES:

- Share best practices
- Improve communication
- Promote cohesiveness
- Increase staff morale
- Enhance patient and organizational outcomes

WHO:

- All nurses on the unit
- All nursing support staff (CNA/MA/HCT)
- Administrator
- Director of Nursing
- Head of pertinent disciplines (Dietary, Social Work, Physical Therapy, Engineering, Central Supply, etc.)

WHEN:

- Every morning (assign a meeting time for each unit)
- Keep meetings within 15 minutes in length

WHERE:

- Nursing station on each unit

HELPFUL TIPS:

- Assign a meeting facilitator (usually the administrator of the facility)
- Standing during meetings keeps the meetings short and to the point
- Keeping meetings within 15 minutes emphasizes being prepared and direct
- Keep meeting times consistent (morning is best)
- Do not begin until everyone is present (minimizes stragglers)
- Avoid discussing personal concerns
- Include reminders for in-services, meetings, etc. and updates towards the end of the meeting
- Always conclude with achievements, milestones, praise, words of encouragement, motivational quote, etc.