Rehab Staff

1. How long have you been working at the Charles River Center?
2. How proficient are you in speaking English?
3. How many residents do you work with on a daily basis?
4. What tasks do you do with residents?
5. Do you feel supported doing your day to day tasks?
6. How do you communicate with other staff members?
    a. Do you communicate with residential staff members? If so, how?
7. How do you communicate with leadership?
8. How do you communicate with families/loved ones of residents?
9. What information is reported to you about the residents you care for?
    a. What additional information would be beneficial for you to know about them?
10. What are some communication challenges you experience?
    a. How, if applicable, do you mitigate them?
11. How do you log information about the residents, and what do you keep track of?
12. How do you raise concerns or signal an emergency, if such a situation arises?

Althea Hobson

Althea, head of assistive technology integration

1. How long have you been working at the Charles River Center?
   Started as assistant program director, external hire in that position, since 9/22 (2.5 yrs)

   Works a lot with MassHealth, source of funding has changed, working with supervisor to make sure that is all set up. One of the people she supervises left, so she has taken on monthly documentation (6 months, internal). Dayhad service plan meetings; OTs, PTs, speech therapists, behavioral specialists; create goals for residents based on service needs; during meetings, present goals to families and residents if they attend; scheduling meetings is tough

   Not all guardians answer phones (even with voicemails), even fewer check their emails; dayhab meetings involve yearly plans for them to sign off on; parents, state guardians (lawyers); signing off on permission to call 911, take into community, talk with their doctors, press release, photo release, etc.

   Handle transportation coordination, file request thru mass health; sometimes have to reach out to families, some like to be included; was speaking with a mom last week, have to explain we don't have control over what the transit company chooses to do; hard to do that with families who handle a lot of input for operations at CRC, but can be a pain point when the responsibility falls outside of the scope of the Center.

   Handling unreported injury, conducting "investigation" about when/where/how it occurred.

2. Do you face challenges with staff members who are not proficient in english?
   Very relevant interviews upcoming with new staff; for staff to work residentially, they have to demonstrate the knowledge and proficiency to administer medication *MAP certification* (training is only offered in English, sometimes bringing in translators, staff who speak other languages in the room to translate, etc). This is frequently the case during orientation; English can be taught, but passion and care to be here can't—the latter is what is most important. How to make sure translation is occurring substantially and with the same complexity as the English provision for operations—though the little things lost in translation are never a safety concern. More senior staff are often used as translators given their expertise.

3. How many residents do you work with on a daily basis?
   We have a total of 94 currently at the program with a daily attendance of about 78, some are part time and one gentleman only comes mondays because he has another day program other days. Some are part time at guardian request. A handful are on a medical leave of absence so they are not currently attending

4. What tasks do you do with residents?

Pretty minimal, help bring in staff, cover in the homes when needed. Start days at 8:30 vans are lined up. Many will jump into the bathroom or go grab a snack immediately. Usually will do a morning activity. Physical therapy room with treadmills or laps around caffeteria to hit their walking goals. Changes happen at 10-11. Could need help getting to the toilet. Some need sling to lift them onto a changing table. Most individuals need two staff to toilet them. Lunch is at 11. Some help microwave meals for others. Most are able to feed themselves partially but some need staff to give them bites. Games, bingo, card deal or no deal. Coloring, crafts, lots of staff are creative and they like to use that when working with residents. 1:00 is another changing time. Monday is a games group with large parachutes and balls in the center. Tuesdays is a social group, used to have a staff DJ, staff picks music from their country. When the staff is up and dancing and having a good time the residents are having a good time because of it. Wednesdays is Bingo: Bingo prizes are fidgets and stickers, volunteers come in to help with bingo. Thursdays is reading group. Some will bring books or like to be read to but they are looking to overhaul that. Fridays is karaoke, which is the nicest way to end the week. Dismissal starts around 2:45, ends ~3:40.

5. Do you feel supported doing your day to day tasks?
   It would be nice to have more staff—I would always like to have three in every room, one can run activities and stay back while the other two perform changes; this setup makes everyone a little less “worked”. Reaching that ideal is the most consistent issue; as it is with every program in the state due to funding.

6. How do you communicate with other staff members?
   I have three or four direct reports that I supervise. Text group chat is the fastest and most efficient. In person is easiest and email when it is not immediate or you need a paper trail. When talking with direct care staff it is in person check ins. In person is the most preferred. We us walkie talkies so if a staff needs support in a room they can call.
   a. Do you communicate with residential staff members? If so, how?
      Yes, for general requests (e.g., change of clothes for accidents), send an email to the house; for some houses there is a better working relationship and can text from work/personal phone. For immediate needs like emergencies, we will call res directors’ on-call work phone (supervisor has on-call phone, as well as general residential on-call phone).

7. How do you communicate with leadership?
   For me it is easier because I am the lowest level of leadership. Email is the biggest way, it helps with the **paper trail.** Usually if im contacting leadership it is because there is an issue and email is nice because I can add in other people.
8. How do you communicate with families/loved ones of residents?
   Phone calls typically for quick updates; a lot of guardians will call to figure out what happened; for documentation, email is easiest with attachments—usually accompanied by a phoen call requesting engagement with documents. Challenge is that as patients age so do their guardians; they might not be digitally-savvy. How to communicate with them if the primary

methods are email and phone call? Some guardians we only talk to in those DHFP meetings (annual) and they are generally happy with that level of communication; one guardian has a weekly summary/updates by request, along with a monthly meeting to discuss progress/concerns (helps mom feel better, brings her sense of peace and involvement). Other parents have weekly emails because they have a distrust of the staff—here are summaries, pictures, evidence of the conditions and staff performing duties.

- Avg age of guardian: 65-75, pulling based on avg. age of individuals (40ish years old)
    - Tech proficiencies: range widely

Lived in Massachusetts, and siblings who take guardianship - Maine, Colorado,
One individual - specialty school in Mass, even though family is in Virginia

Guardians who are siblings, might be better at technology, and can be more helpful in communication

- They might contact the sibling over the parent

9. What information is reported to you about the residents you care for?

Parents - Notifications about Vacations every other month, email to let them know that they will be out, please contact the emergency contact. Families contact about questions or concerns, they feel like the staff is not doing their job, a discrepancy in quality of care, and unrealistic expectations, so trying to mitigate that. Medical concerns that specialists can help with. Speech specialist will also be in these communications or meetings with family. Here is whats going on with this individual, how do we handle it, looping in them and asking.

Residential - medical appointments, concern, can they leave early…, Direct reports that she overseas, food is sent in wrong for lunch, staff which is not good with modifying diets

a. What additional information would be beneficial for you to know about them?

Would love to know feedback about the staff, any appreciation for the staff, you only hear what is going wrong, they would love to know whats going right. They would love to know pleasant news as well, information from residential would be helpful - ei. Conditionals that make differences in mood (eating habits, period, etc.). Charles has been moving from Paper to software. Information about tracking sleep is also helpful. Information about Bowel movements, bruises from the residential centre. They would love to know all detailed updates from Res Program staff members, and directors. If they are unavailable, you are out of luck. Althea shares office with BCBA (Board Certified Behavior Analyst) and RBT (Registered Behaviour Technician), data is also helpful for them.

Behavior tracking is paper

Tracking DHSP goals based on preset questions

- Medication
- Medical stuff

- Seizure record
-

10. What are some communication challenges you experience?

A lot of res staff dont use emails or answer phones, that is an inconvenience, when residents need to be sent to emergency rooms, rehab staff have already called 5 people before

Call residential to meet at urgent care or emergency to take back to home
The day staff has to stay at urgent care or emergency until residential or guardian comes

2 emergency room trips a month of average

a. How, if applicable, do you mitigate them?

Go to the supervisors

11. How do you log information about the residents, and what do you keep track of?

Tracking DHSP goals, set by specialists each year, preset questions nurses use it a lot, protocols and emergency fact sheet , everything you need to know, birthdays, address, aemergency contact,s medications (not anymore). Behaviour tracking, day hab service plans, insurance information, drop box of all documents you need to know, yearly or one time, siezure records, seizure meds uploaded, finding the nurse which is running around with a lot of meds in hands.
It wasnt a document checked everyday, only when something feels off

12. How do you raise concerns or signal an emergency, if such a situation arises?

If we have to send somebody, we took over urgent care or emergency room, need to call res service, need to call home afterwards. The company protocol - the emergenc y room, then stay till family or guardian switches out. 10 in morning to 5 at night, 3 houses up the hill, the program director at the house that day, refusing to come and switch out at hospital, were not answering phone calls or emails. This individual was legally the guardian but could not make medical decisions themselves, needed a medical biproxy, res answering phones and emails really needed. 2 ER trips a month.

Talking to VP or supervisor is the one way to mitigate. Or go to Althea's supervisor or super supervisor, call from day hab has less of a weight than your boss's boss.

BCBA: Board certified behavior analyst

- ABA based:

RBT (below BCBA): registered behavior technician

Residential Staff

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4. What tasks do you do with residents?
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6. How do you communicate with other staff members?
    a. Do you communicate with day rehabilitation staff members? If so, how?
7. How do you communicate with leadership?
8. How do you communicate with families/loved ones of residents?
9. What information is reported to you about the residents you care for?
    a. What additional information would be beneficial for you to know about them?
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Caitlin Louis - Nurse

1. How long have you been working at the Charles River Center?
   First nursing job, 15 years this November. Started as program manager, went to nursing school, and returned to group home life in new role

2. How proficient are you in speaking English?
   Speaking about other members of staff: direct care staff hired with high school diplomas; coming here from other countries to work; English is not as good as it could be; I feel like they try, but English is challenging at times. Trying to train new-to-America, ESL staff to give medication to residents

   Part of training is hands-on, 1-on-1 proficiency with staff; often feels they don't *truly* understand what I'm trying to teach them/what the process is; husband is Haitian, many creole speakers on staff, so she can empathize with the struggles a bit. Tries to leverage what she can to understand/connect with them

3. How many residents do you work with on a daily basis?

Current workload is overseeing 12 residential homes. Each home ranges from 5-6 individuals. This is one of the larger workloads, typical workload is 8-10

4. What tasks do you do with residents?

Day to day has a lot with communication and the program manager, who manages the house. If something medically is going on with these individuals it is imperative that they reach out to the nurse. A lot of her task is to visit the homes and do an audit, make sure the pharmacy sheets line up with the doctors orders and the medications. Change catheters, g tubes, do a lot of staff trainings so the staff can properly care for the individuals. Help the staff understand who they're caring for. You can't know how to care for someone if you don't know their diagnosis

5. Do you feel supported doing your day to day tasks?
   I do, currently we have a nice little group of nurses, we have 32 homes at the moment. I feel supported by my other nurses and the management. If I can't get to something in one of my houses another nurse can help out.

6. How do you communicate with other staff members?
   Typically visit homes, always best to go into a home; staff shifts 3-11 or 9-3, best communication is face-to-face; language barriers but nothing too extreme; observing what the staff do on a daily basis; if training them to watch out for seizures, etc., always good to get a feel for what they do so I don't put to much on them; email, text, face-to-face, all of the above

   a. Do you communicate with day rehabilitation staff members? If so, how?
      Day therapeutic services, communicate on a daily basis; more with Sunny the nurse (nurse to nurse), or with Peter the director of the DTS; office is there so sees them often; her office is there, but communicates with them via email mostly.

7. How do you communicate with leadership?
   Weekly nurses meeting that includes all the nurses and the VP of residential and the COO (kevin). They can be texted when there are crises or a client death.

8. How do you communicate with families/loved ones of residents?
   Depends, if there are medication challenges, new meds, could be day-to-day; if someone is going through an illness I communicate with them on a regular basis. If resident is well, typically don't communicate w family; they sometimes reach out to see how things are going; methods = text & email

9. What information is reported to you about the residents you care for?
   For current residents: Any medical issues, medication changes, if there are new wounds that have happened, if someone has had a seizure or an anaphylactic reaction. Hospitalizations is a big one. With new residents coming to live with us in an emergency placement situation we scramble to get all needed things such as doctors orders, medications. Typically we like to have a family meeting prior to an individual moving in, we have a family dinner, they would come for some visits to see how things are going. Nurses would set up everything behind the scenes like doctors appointments.
   a. What additional information would be beneficial for you to know about them?
      I just think that the group home world isn't as known—her sister works at Tufts in Boston, receives people who need surgery and she has to communicate with the group home. It's really the staff I train to take care of these very medically complex people; some are very high functioning, others need total care (brushing teeth, suctioning mouth); don't want to say it's a nursing home, but it really is. It's another world out there; if a nurse came to CRC from a hospital they'd find working there very different.

10. What are some communication challenges you experience?
    The communication between the program director and the residential director is key to tell me what is going on and alert me, because if they dont tell me then I dont know. There was a time someone was having some diarrhea for a couple weeks and I didnt know. It is challenging when there is a vacant position and no one is there to communicate with nursing. WHen people are on vacation no one communicates with nursing anymore.

    a. How, if applicable, do you mitigate them?
       Try to communicate with other staffers who work all the time; if anything, let me know (call text); try to open up communication lines and be transparent and say this is important guys, put the individual first. People who are aging in the home who experience declines; there are also nonverbal people who can't communicate this; increasing visits when these vacancies/vacation gaps occur is key
    b. How do you track the vacancies you mentioned as a recurring issue?

Currently track vacancies or vacation times in an outlook calendar. Sometimes learns through “away messages”

11. How do you log information about the residents, and what do you keep track of?
    We have an electronic medical record which is called Icentrix, there is a place to log nursing logs on there. We have transitioned to onenote, which is on our phone and is easy. Prepopulated nursing form on icentrix, but onenote is free form so we can write anything we want.
12. Do you prefer the prepopulated nursing form or the free form nursing form?

I prefer some of the structure of the prepopulated form but other times I just want to write my notes. One note is much more user friendly because I can plug in pictures of wounds and write whatever I want.

a. Who as access to the forms?
   Director of nurses, COO, other nurses get access; do a lot of copy and pasting to increase access to the info for others out of this hierarchy.

13. How do you raise concerns or signal an emergency, if such a situation arises?

Medical emergency we just call 911. The most we have in terms of medical condition is vital signs and maybe oxygen. We have a nurse on call 24/7. If there is a emergency then I would reach out to the residential staff and management. Any issue, you can call the admin on call.

14. Discussing our idea

Unique access to communication based on position + reponsibility
Main focus at Charles River is to buil independence

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Family/Loved Ones

1. How long have you been a part of the Charles River Center community?
2. How old is your loved one who is at CRC?
3. How proficient are you in speaking English?
4. How do you communicate with the Charles River Center?
5. How often do you communicate with the Charles River Center?
    a. How often do staff at the Center reach out to you?
6. How satisfied do you feel with the communication you receive from the Charles River Center?
7. How could this communication be improved?
8. How satisfied are you with the current level of visibility into your loved one's life as provided by CRC staff?
9. What information do staff members communicate to you about your loved one?
10. What information would you like to know about your loved one at the CRC?
11. Would you be interested in a platform that streamlines communication between CRC staff and family members/loved ones?

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Peter Dedon

Family Interview #1 - Peter Dedon

1. How long have you been a part of the Charles River Center community?

- Involved for about 25+ years
    - In several capacities
        - Son is disabled (stroke b4 birth and brain impariments)
        - His involvement began when he was in grade school
            - After school programs
            - Enrichment programs
        - Joined the board for 4-5 years
            - 22 → transition from education to adult care
            - Applied to become full time resident
            - Son is 30 now
        - Engaged with the community
            - Ei. recently when to the Charles River Art show

2. How old is your loved one who is at CRC?

- 32

3. How proficient are you in speaking English?

4. How do you communicate with the Charles River Center?

- They get a schedule before the week but not updates on how it went
- Would like better more personalized communication and insight into what Alex is doing
- A way to simplify the communication without increasing the workload on the staff

- Many evels of communication for the family
    - Communication on day to day activities in the therapeutic day service → hasn't been as much communication as would want
        - Knows the general schedule of activities but less personal to the resident
    - There was a breakdown of communication where Alex went to the hospital and they did not find out until the next day
    - Wants more communication on crisis and emergency management
        - Communication about dealing with problems could be improved
        - Quality of communication - modes of communication should be considered for ease of use

- Staff is not medically trained, but Pete and wife are very familiar
    - Not representative of all families

* communication with the resident

- How to communicate with someone who is non-verbal
- When should the staff call the doctor?
- Staff must observe and learn how to interpret + make decisions off of this (diagnose)

- Ei. If Alex has a fever or pain he cant verbalize that, so sometimes he will hit his head to communicate his headache. Sometimes he will have an outburst if he is hurting
- Is there a process of learning about each resident? What role of parents?
    - This is like becoming a member of a new family
    - First 6 months were difficult
        - Incident where a staff member got injured in response to Alex headbutting
    - Challenges of acclimation (new people and new routines for him as well as staff understanding how he communicates)
        - Now Alex is very comfortable
    -

5. How often do you communicate with the Charles River Center?

- There have been inconsistensies with communication
    - Ei. problems with maintaining areas in the house because staff had not been doing weekly chores
    - Something where the family had to find and report rather than regular task communication
    - Ei. menu planning - Alex was found eating toaster waffles and water and this had to be reported
- Pete hears about incidents after the fact
    - Wants communication that quickly informs the families
    - A lot of parents have gotten frustrated with this same issue of hearing about incidents accidentally or after the fact
- Now they get a report about incidents when they arise
    - They don't hear about engagement activities

    a. How often do staff at the Center reach out to you?

6. How satisfied do you feel with the communication you receive from the Charles River Center?

7. How could this communication be improved?

8. How satisfied are you with the current level of visibility into your loved one's life as provided by CRC staff?

9. What information do staff members communicate to you about your loved one?

10. What information would you like to know about your loved one at the CRC?

- Automatic system that tells the parents if there is an emergency

- Updates on the tasks that the resident is doing, and progress they are making
- Easy slack like communication between the parent and staff

11. Would you be interested in a platform that streamlines communication between CRC staff and family members/loved ones?

- Reminds of slack like portal that can streamline this information
    - Integrated communications platform to pull together all this information
    -

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Leadership

1. Could you describe the demographics of the staff members, including their proficiency in English?

2. How would you describe communication as it occurs between staff members?

    a. … describe communication as it occurs between staff and loved ones?

    b. … describe communication as it occurs between staff and leadership?

3. What are some communication challenges you experience?

    a. What communication challenges do you understand staff members to experience?

4. How do you currently track staff - patient activity?

5. How do you currently track resident engagement?

6. What is the current protocol for an emergency situation?

7. How do you hold staff accountable for good communication and performance?

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Kevin Salera

1. How long have you been in your role at CRC
   COO, 3.5 years

2. Could you describe the demographics of the staff members, including their proficiency in English?
   Focusing on direct care staff, 89% of staff are people of diversity (ESL, not native born to America); stats get lower in diversity when increasing status, executives with least diversity; 260 direct care workers

3. How would you describe communication as it occurs between staff members?
   A lot of it is in person, on shift; also have a communication log in a binder at the program. Everything from an incident happened, something broken needing repair, any significant things abnormal, so when staff comes in they read the log since they were last there. That's the piece without assurance that it actually happens. Lots of emphasis on compliance of using the log. During COVID, there was less use of the log, so since then it's unclear if there's been a return to using the log in the same way. Email, unfortunately given sensitivity of information, we put thru CR.org email; problems with that are that staff don't really check/use that email because they don't "need" it. House manager will use text messaging group chats, non-native English speakers might use a WhatsApp chat.

   Between Residential and Day staff, program manager/case coordinator, not direct care staff—leaders communicate with leaders (method unclear, likely one on one with little action occurring after). We also have monthly meeting between day and residential leaders regarding issues. If day doesn't have information from res, or vice versa, that gets covered.

   a. … describe communication as it occurs between staff and loved ones?
      Typically leadership to families. When someone starts, or on an individual support plan annual meeting, a communication is set up (what level of outreach from staff the family wants). Sometimes it's crisis only to I want a biweekly facetime with resident and weekly call from manager. There is a lot of communication that happens outside of the process, family visiting the resident and having natural communication with staff in residence.

   b. … describe communication as it occurs between staff and leadership?
      Email, Teams call, onsite meetings (here or there). Same difficulties with email due to lack of diligence checking

4. What are some communication challenges you experience?
   When something happens, there's a process/cycle of "who needs to know"; often times someone in that process might be left out. If it's normal state business hours, we have to call the state; if after 5 they have to call DDS on-call number to say someone's being sent by ambulance; there are about 11 categories of major instances that involve many

parties requiring external communication. Nursing related info is a nursing all email the manager will send; same with a “clinical all” email. This sometimes limits who needs to know (clinical not knowing something they should from a nursing all)

a. What communication challenges do you understand staff members to experience?

5. How do you currently track staff - resident activity?

This has evolved. For residential we were using our healthcare record, daily progress notes, it is about 6 screens long and they are all required fields, but the validity of the data was really bad. There was no great summary and the access to the information was bad. We reverted from the electronic way back to the hard copy, and staff has been very grateful. They track ADL (assitive daily living (toothbrushing, showering), bowel movements if they need help in the bathroom, aggression, good behavior or communication, did they eat their meal, some folks we may track sleep patterns but it is all specific to the person. Tracking sheet for someones goal, so if they are working on brushing their own teeth we would track that progress. They have protocol information near the seizure tracking for example.

6. How do you currently track resident engagement?

Every week the program manager develops an activity and chore schedule. What we have right now is a community calendar for if they are going to a park or YMCA for a day. If they have a goal to be out in the community 2 days a week then we’re tracking that. No one edits the schedule if it changes or they dont do it because the resident is sick or its raining or anything. If we had that schedule then staff could be prompted if the activity happened yes or no, and what was the alternative. Brief summary asking how was it, did the resident engage well with it? Somehow during or after the activity their could be a prompt to ask how it went.

7. What is the current protocol for an emergency situation?
   It depends on the level of emergency. If it is major level it is immediate notification to management and administrator on call, thats during the day and after hours. An on call meeting every tuesday has the on call person present what happened and what we did in response. That phone gets passed to the next on call person. It is always a phone call and then follow up with an email. Call the mom or dad or guardian. If it is an incident then is is communicated with DDS. It is frustrating when we come in on monday and didn’t know something happened over the weekend. Maybe nursing was told but senior leadership wasn’t. Maybe it was just an email but they expected a call or text. If it is police involved or public relations, like halloween issue of resident getting freaked out and screaming im gonna kill you, they want to be informed.
8. How do you hold staff accountable for good communication and performance?

We do what we normally do with our disciplinary process. First talk with the person and make sure they understand what the expectations are of them. If retraining is required at that point they may have them retrain on the communication plan. At two strikes we might have a written review. Then third strike they might have to terminate or report and retrain. Usually does not happen due to communication. Communication plan with family is new and helpful. Newsletters now which the family appreciates with the good things that have happened. Thinking about

having a training on how they should organize their day, skim through emails at beginning, middle and end of the day.

Sometimes a communication book travels back and forth with the resident, such as tracking bowel movements. Notebook in backpack or passed directly to driver. Communication log can leave big things out or be missed.

Staff likes using whats app

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