

Dementia Isolation Toolkit: Huddle Tool

This huddle tool was developed as part of the [Dementia Isolation Toolkit \(DIT\)](#). The aims of the DIT are:

- 1 To support the compassionate, safe, and effective isolation/quarantine of residents of long-term care (LTC)
- 2 To support moral resilience in LTC staff during the COVID-19 pandemic

The DIT huddle has been designed to be a simple and efficient way to put into practice the principles and tools within the DIT. Huddles are short, stand-up meetings (less than 10 minutes), commonly used for safety or quality management in healthcare. Huddles create time and space for important conversations and help to build teams.

The DIT huddle is used to bring together members of the team to discuss the impact of infection control measures on residents and help them identify ways to mitigate the harms of these measures.

On our [website](#), you will find the full Dementia Isolation Toolkit, including training videos in multiple languages and downloadable resources. Additionally, you can subscribe for up-to-date information of the toolkit and updates.

CONTENTS:

This huddle tool includes the following elements:

- ✓ [Facilitator guide](#)
- ✓ [Huddle script](#)
- ✓ [Sample Person-Centred Isolation Care Plan](#)
- ✓ [Blank Person-Centred Isolation Care Plan](#)



Version 1.0 | January 2022

For more information about this tool or the Dementia Isolation Toolkit project, visit dementiaisolationtoolkit.com



FACILITATOR GUIDE:

How to run a Dementia Isolation Toolkit Huddle

The huddle is designed to help care teams put the Dementia Isolation Toolkit into practice through a team discussion.

STEP 1 Establish a huddle structure and promote safety

Guidelines and structure for the huddle supports the team as they explore new approaches and strategies. Ground rules create a safe space for sharing by promoting open dialogue and letting everyone know that their input is valued. We suggest that you read out the “Step 1” ground rules at the start of the huddle.

STEP 2 Provide some context

Context helps the team understand the purpose of the huddle. Invite the team to share something about the personhood of the resident.

For example: “We will be talking today about Rhoda. She is a close contact of someone with COVID so she will need to be in isolation for the next week. Please share something that you know about Rhoda”.

STEP 3 Use Reflective Questions

Engage the huddle using reflective questions to better understand their and the residents’ needs and challenges during isolation. Some examples of questions you might use are below. Try your best to:

- Promote open dialogue (e.g., acknowledge or thank each participant for their contribution)
- Encourage out of the box thinking
- Delay solution finding until needed
- Recognize key insights

Q1: How is isolation affecting this resident?

- Focus here on how the resident has coped in the past or how they are coping at present. You can also help the team anticipate challenges. For example: Rhoda really likes to walk—she will miss that and it will also mean that she may get weaker.
- Try not to focus on whether or not the resident is following the isolation rules—think instead about why they may be finding it hard to stay in their room. Likewise, don’t assume that a resident is okay because they are staying in their room.

Q2: How do you feel about isolating this resident?

- Finding a balance between protecting residents from the harms of COVID with the harms of being isolated can create ethical dilemmas.
- These ethical dilemmas cause distress for care teams, particularly in situations where factors outside their control (such as not having enough staff or time) get in the way of doing what they think is right. This kind of distress is called moral distress.
- Talking openly about these situations and the feelings they bring up, and finding ways to problem-solve as a team, are important to building resilience.

STEP 4 Co-create solutions using the Person-Centered Isolation Care Plan

Record the ideas and suggestions from the team in a Person-Centred Isolation Care Plan (see [example provided](#)). It is important to acknowledge that there are no perfect solutions in situations like these. Sometimes a bunch of imperfect ideas can be combined to make a plan that is good enough to help a resident get through a difficult time.

Dementia Isolation Toolkit Huddle Script

INTRODUCTION

Thank you for taking the time to join us in a huddle to discuss how we can support residents through a period of isolation. This huddle is based on the [Dementia Isolation Toolkit](#), which recognizes that isolation is hard both on residents and on the care team. During isolation, the freedoms of residents are restricted to protect our community. We have a responsibility to try to meet the needs of residents in isolation and to lessen any distress they may experience. To do this, we use the principles of person-centred care to understand a resident and their needs and come up with an isolation care plan.

STEP 1 Huddle structure and promoting safety

1. We will choose one resident to discuss to help us stay on task.
2. We will give each person equal time to share and listen to each person carefully.
3. We will try to use "I" statements. This way each person will share personal experiences and ideas rather than evaluating the input of others.
4. Anything we share here will stay here and should not be shared outside the huddle, unless we decide it needs to be taken further.

STEP 2 Set the Context

- Let's decide as a group which resident we will be discussing.
- What is the reason this resident is being isolated and for how long?
- Let's go around the huddle and share something that you know about [resident].

STEP 3 Enable reflection questions

Let's go around and reflect on the impact of isolation on the resident and how we are feeling about it. Try to answer these two questions:

Q1: What are the effects of isolation on this resident?

Q2: How do you feel about isolating this resident?

STEP 4 Co-create solutions using a Person-Centred Isolation Care Plan

During a period of isolation, it becomes especially important to use principles of person-centred care to come up with a plan to help lessen the negative effects of isolation for a resident. Often, there isn't a single solution, but lots of smaller ideas that can be combined to support the resident's needs. Ideas might include how we can adjust our care routines and our approaches, or how to add new activities or interventions.

Common resident needs that we can think about are:

- Activity
- Social Connection
- Exercise
- Nourishment
- Hygiene
- Orientation
- Reassurance

Q3: What are the most important needs of this resident? How can we support these needs?

RESIDENT NAME: Rhoda

DATE: 11/2/21



Isolation Care Plan Summary

(REFER TO ISOLATION WORKSHEET FOR DETAILS)

Follow existing care plan, with these additions:

*This care plan does not replace the resident plan of care already in use. These are additional measures designed to support the safe and compassionate isolation of residents during the pandemic.

| | |
|---|--|
| ISOLATION PERIOD: | November 2nd - November 10th |
| ISOLATION REASON: | Exposure to PSW who tested positive for COVID-19 |
| ROUTINES AND CARE DURING ISOLATION: Use this section to record any new routines that will be used during the isolation period. For example: <i>Transfer to wheelchair after breakfast and back to bed after lunch.</i> | <ul style="list-style-type: none">- After breakfast: set up tablet with Youtube with her favourite songs, videos with subtitles- Offer tea with each snack pass |
| CUES AND REMINDERS: Use this section to record specific cues and reminders that have been effective to help the resident. For example: <i>Resident can understand that there is a bad virus and they need to stay in their room, but needs reminding at every interaction. Point to signs to reinforce this.</i> | <ul style="list-style-type: none">- Rhoda understands need for infection control measures (used to be a nurse, but needs frequent reminders)- Place posters on Rhoda's door to remind her of infection control measures- Place masks by Rhoda's door in case she leaves room alone |
| ACTIVITIES: Use this section to record what activities the resident can do and enjoy while in isolation in their room. For example: <i>Enjoys watching old golf games on Youtube. Likes to listen to JazzFM and drink tea.</i> | <ul style="list-style-type: none">- Give "productive" tasks that Rhoda can perform in her room, like folding towels- Video calls with her nephew when she is anxious- Put videos on her tablet of St Michael's choir performances on Youtube |
| SUPPORTING NEEDS: Use this section to record additional ways the staff can ensure their needs while isolated are met. For example: <i>Check every shift to ensure resident's tablet is charged and within reach. Check the resident is satisfied with the radio volume. Bring fresh tea often.</i> | <ul style="list-style-type: none">- Enjoys having a clean room, help tidy with her and give her a duster or cloth she can use- Really likes her soft sweaters (blue and grey cashmere)- Reassure her that she is doing everything right and that she is not being punished. Validate that she is being really helpful by staying in her room |

PERSON PREPARING PLAN: Jane Doe

REVIEW AND UPDATE PLAN ON (DATE): 11/5/21

RESIDENT NAME: _____

DATE: ___ / ___ / ___



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| | |
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PERSON PREPARING PLAN: _____

REVIEW AND UPDATE PLAN ON (DATE): ___ / ___ / ___