



AND



PRESENT
AI LUNCH & LEARN
WITH ERIC BUDD
MARCH 24, 2026

THIS MCMCFC ACTIVITY
IS FUNDED IN FULL OR IN PART BY THE
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS) AS PART OF THE
MICHIGAN CMPRA OR NFEP - 2026 GRANT

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248.505.0563 Please connect

Nursing Excellence: Best Practices for UTI & Catheter Care

Maintain Sterile Technique & Hygiene



Perform hand hygiene and wear PPE before touching catheters, tubing, or collection bags.

Optimized Bag & Tubing Placement

Keep drainage bags below bladder level and off the floor to prevent backflow.



Prevent Bacterial Migration



During personal care, always clean fecal matter away from the urinary opening.

Clinical Indicators for Potential UTI (Loeb Criteria)



Fever: >100°F or a 2.4°F increase above resident's baseline.



Mental Status: New or worsening confusion, delirium, or sudden functional decline.



Physical Pain: Pain in the side (costovertebral), back, or lower stomach.



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Mental Status: New or worsening confusion, delirium, or sudden



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Clinical Necessity & Removal



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Nursing Staff Guide: Preventing Unnecessary Medication

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Facilities must periodically attempt to lower doses or stop psychotropic medications.



Diagnosis Documentation

Serious diagnoses like schizophrenia require detailed DSM-5 evidence, not just a label.



DSM-5 Evidence Required

Defining “Unnecessary”

Any drug used in excessive doses, for too long, or without adequate monitoring.



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Staff must document behavioral or environmental interventions attempted before starting psychotropic medications.



Music therapy



Gentle exercise



Social interaction

Signs to Watch

Monitor for increased sedation, confusion, falls, or withdrawal from usual activities.



Sleepy



Question



Falling



Looking away

PRN Time Limits for Psychotropics

Medication Type	PRN Time Limit	Renewal Requirement
Psychotropic	 14 Days	 Doctor must provide rationale to extend.
Antipsychotic	 14 Days (Absolute)	 Requires in-person doctor evaluation before renewal.

Dignity in Motion: A Nursing Guide to Resident Independence

This guide outlines essential standards for Activities of Daily Living (ADL) care, focusing on shifting staff behavior from 'doing for' to 'partnering with' residents to maintain their highest level of physical and mental function.

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THE FOUR PILLARS OF ADL CARE



HYGIENE & DINING

Provide support for bathing, dressing, grooming, oral care, and eating meals or snacks.



ELIMINATION & COMMUNICATION

Assist with timely toileting and provide tools for speech, language, or functional interaction.

THE INDEPENDENCE PROTOCOL



ENCOURAGE & EXPLAIN

Explain procedures before starting and allow residents sufficient time to perform tasks themselves.



RESPECT RESIDENT PREFERENCES

Honor choices regarding clothing, timing of care, and preferred methods (e.g., tub vs. shower).



USE ASSISTIVE DEVICES

Ensure tools like weighted utensils, grab bars, and communication boards are clean and functional.

QUICK STATUS CHECKLIST

INDICATOR	ACTION REQUIRED
Physical Decline	Evaluate for PT, OT, or Speech Therapy
Pain During Tasks	Assess effectiveness of pain management and report
Equipment Issues	Verify prosthetics or devices are clean and in good repair

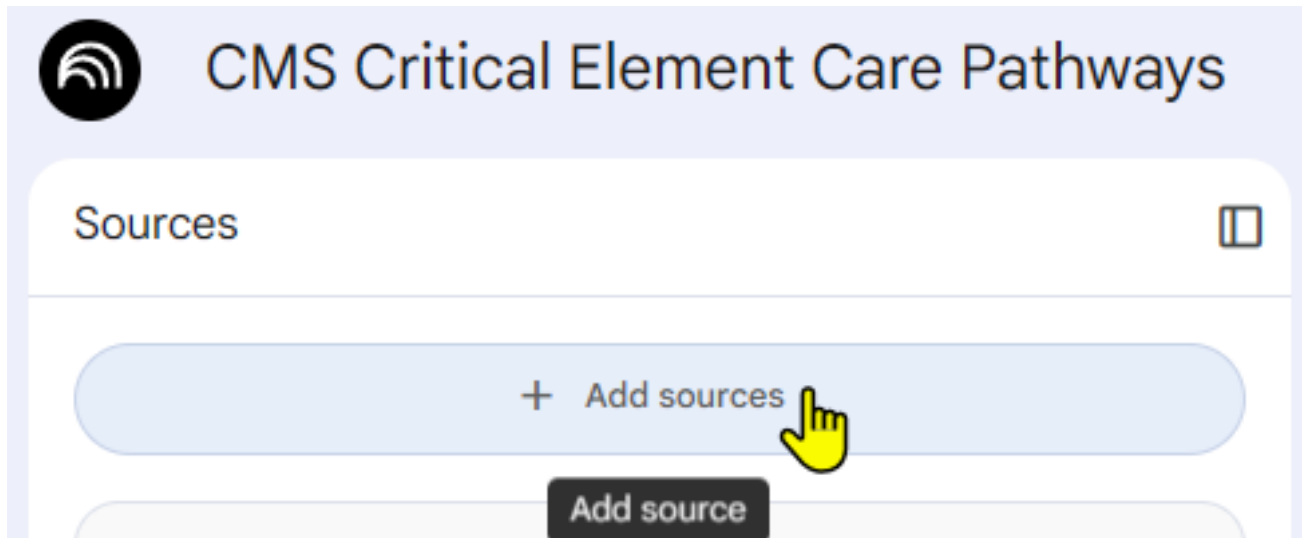
notebooklm.google.com

The screenshot shows the NotebookLM web application interface. At the top, the browser address bar displays 'notebooklm.google.com'. Below the address bar, the 'NotebookLM' logo is on the left, and a 'Settings' button is on the right. A navigation bar contains tabs for 'All', 'My notebooks', and 'Featured notebooks', along with a search icon, a grid view icon, a list view icon, a 'Most recent' dropdown menu, and a '+ Create new' button. The main content area is titled 'My notebooks' and displays a grid of notebook cards. A large red arrow points to the 'Create new notebook' button, which is the first card in the grid. The other cards include: 'CMS Critical Element Care...' (Mar 10, 2026 · 10 sources), 'Master NotebookLM w Google Gemini' (Mar 16, 2026 · 22 sources), 'IQI Academy: Leadership...' (Feb 22, 2026 · 39 sources), 'Fishbone Anatomy of Failures' (Mar 17, 2026 · 82 sources), 'Fishbone Diagram- Wreck Diving...' (Mar 17, 2026 · 17 sources), '5-Min Learning Deming Principles...' (Feb 2, 2026 · 75 sources), 'KANO, JTBD and Customer-Driven...' (Jan 31, 2026 · 7 sources), 'Psychological Safety' (Jan 14, 2026 · 13 sources), '30 Examples: System Interactions' (Jan 23, 2026 · 57 sources), '3Q. PDSA', 'The Deming Method for Meeting', 'Systems Over Symbols: Focusing', 'SoPK Advancing Healthcare Quality', and 'Individual Contributor Traits'.

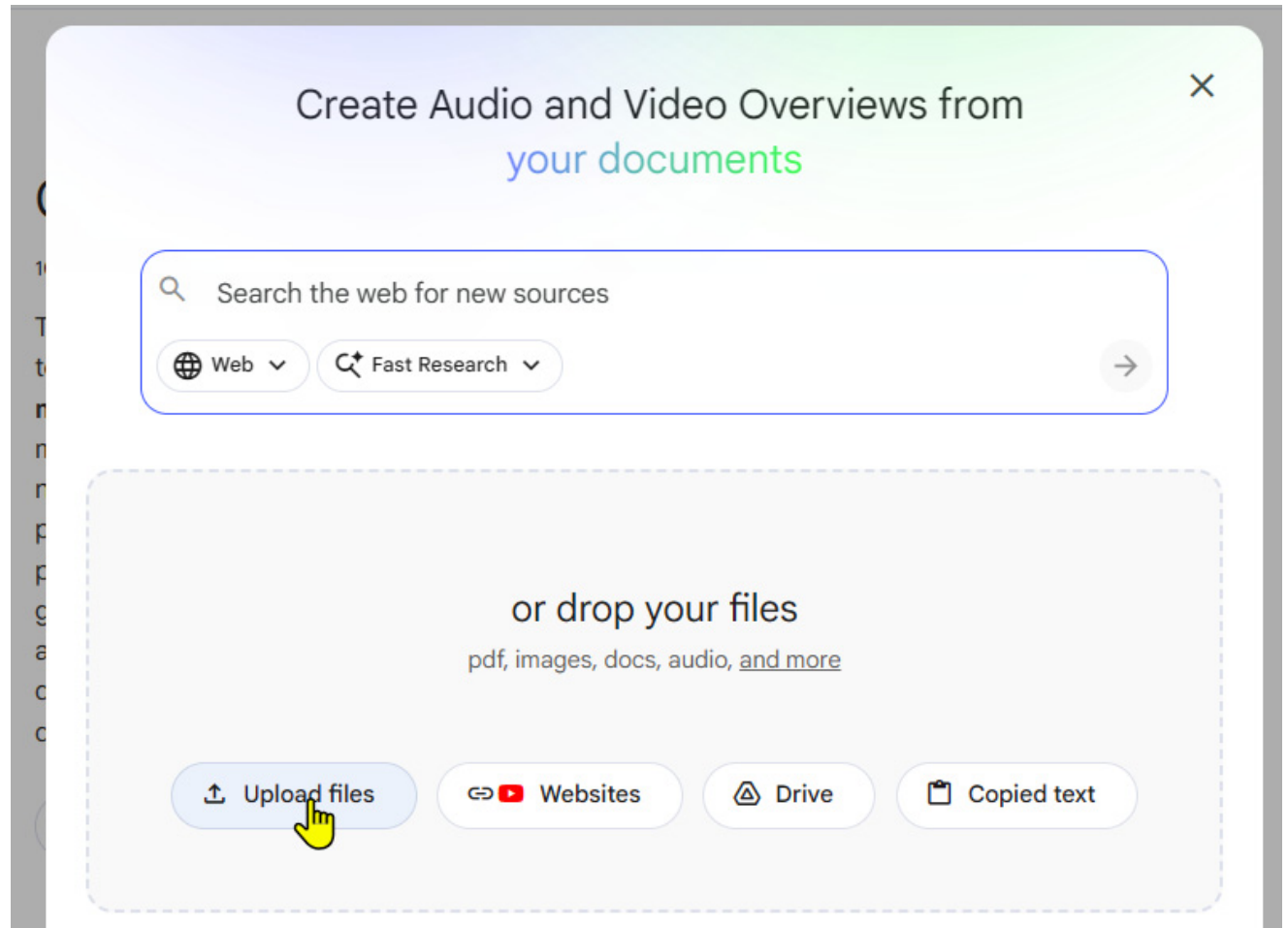
notebooklm.google.com

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Add sources



Upload files



Upload files

-  2026-03-10 CMS-20066 Activities of Daily Living.pdf
-  2026-03-10 CMS-20068 Urinary Catheter or UTI.pdf
-  2026-03-10 CMS-20082 Unncessary Medications.pdf
-  2026-03-10 Mindmap NLM.png
-  2026-03-10 Process Mapping Handout.pdf
-  2026-03-17 4. D's education (?) pdf

Add sources

Sources

+ Add sources

Search the web for new sources

Web Fast Research

Select all sources

- 02 ADL Dignity in Motion Essential Guidelines for R...
- 02 Best Practices for Urinary Catheter Care and Immi...
- 02 Dignity and Independence: ADL Structured Inter...
- 02 Safeguarding Resident Health: A Guide to Medic...
- 02 Unnecessary Medication Management Standard...
- 02 Urinary Catheter and UTI Care Interview Framew...
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- 2026-03-10 CMS-20082 Unnecessary Medications....
- 2026-03-10 Process Mapping Handout.pdf

Chat

Export

CMS Critical Element Care Pathways

10 sources

These regulatory guidelines and clinical frameworks establish **standardized protocols** for long-term care facilities to protect resident health and autonomy. The documents emphasize **maximizing independence** in daily activities, such as hygiene and dining, while ensuring that medical interventions like **urinary catheters** or **psychotropic drugs** are used only when clinically necessary. Comprehensive **person-centered care plans** must incorporate the specific preferences of residents and their families to maintain dignity. To monitor compliance, the sources provide **structured interview guides** and observation pathways that help staff identify systemic gaps in safety or communication. Specialized oversight, including **monthly pharmacist reviews** and strict limits on "as needed" sedative orders, serves to prevent avoidable physical or mental decline. Ultimately, this collection serves as a roadmap for **clinical excellence** by focusing on non-drug interventions and the restoration of functional abilities.

Save to note

How can I improve resident independence in daily activities?

Start typing... 10 sources

Ask questions about *your* sources



what is a plain English summary of the UTI guidance



The guidance focuses on two main goals: **preventing and managing urinary tract infections (UTIs)** and **ensuring urinary catheters are used only when medically necessary.** 1 ...

1. Using Catheters Only When Needed

- **Medical Necessity:** Residents should not have a catheter unless their clinical condition requires it. 2 4
- **Frequent Review:** If a resident has a catheter, staff must check regularly to see if it can be removed as soon as possible. 2 5
- **Informed Choice:** If a resident or their representative requests a catheter or refuses to have one removed, staff must explain the medical risks and benefits to help them make an informed decision. 6

2. Proper Catheter Care and Infection Control

When a catheter is used, staff must follow specific steps to prevent bacteria from entering the bladder:

Create new content *from* your sources

create a plain english interview guide for Urinary Catheter or Urinary Tract Infection

Critical Element Pathway

This guide is designed to help you conduct structured conversations to understand how care for urinary catheters and UTIs is actually delivered in your facility ¹. The goal is to focus on the **process**, not to assign blame to individuals ² ³.

General Interviewing Tips

- **Create a Safe Environment:** Listen actively and show respect. Focus the conversation on **how the system works** rather than on "human error" ².
- **Stay Curious:** Use **open-ended questions** (like "Tell me about...") that encourage sharing details rather than one-word "yes/no" answers ⁴ ⁵.
- **Confirm, Don't Assume:** If you sense frustration or confusion, ask clarifying questions like, "Can you tell me more about that?" ³.

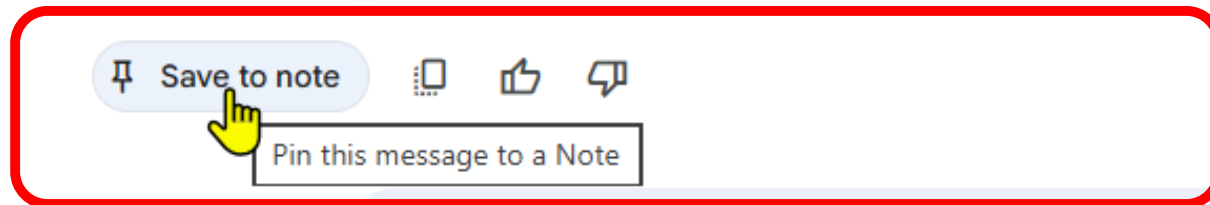
1. Resident, Representative, or Family Interview

The focus here is to see if the resident's **choices and medical needs** are being respected ⁶

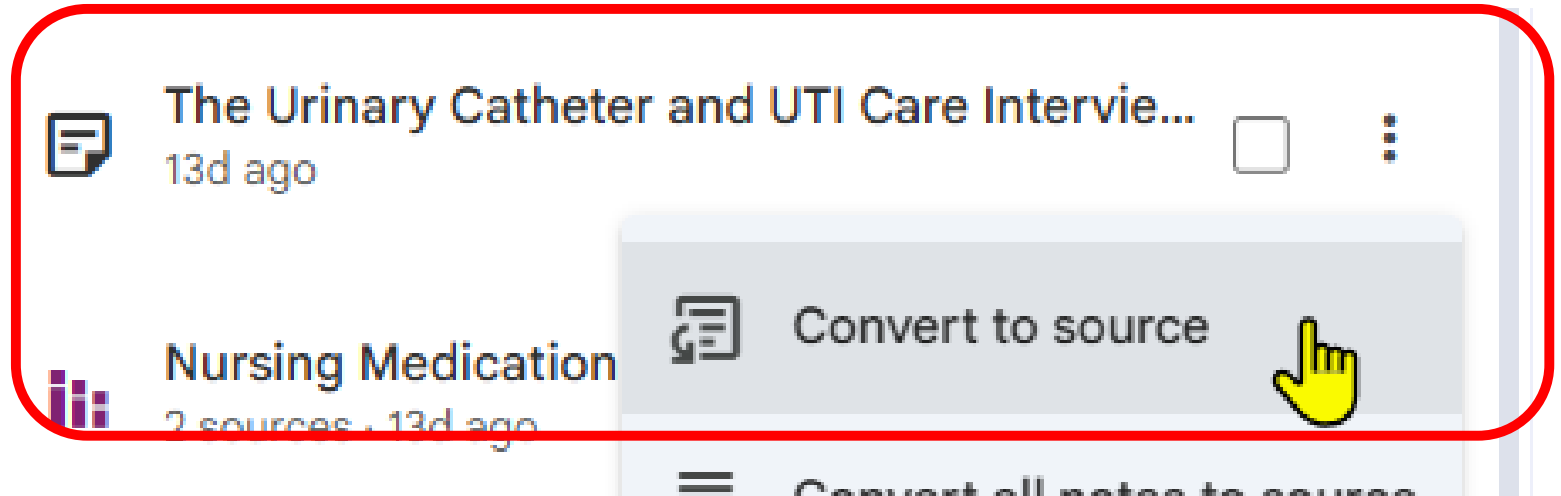
Save the new content as a *NOTE* and then as a *SOURCE*

Using the Data

Once these interviews are complete, use the information to **identify bottlenecks or gaps** between what the facility policy says and what is actually happening in the "neighborhood" ¹
¹⁹ . This allows the team to create a "future state" map that improves resident safety and independence ²⁰ .



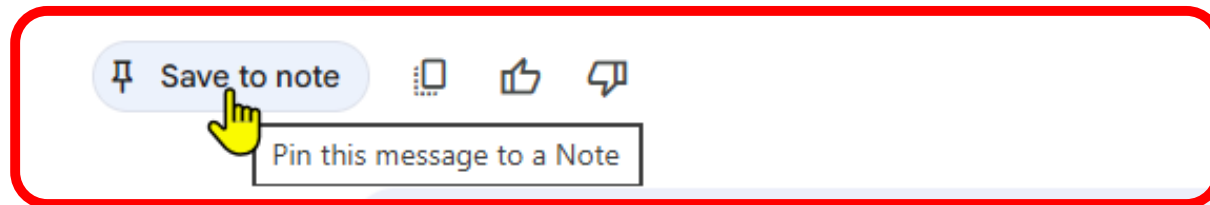
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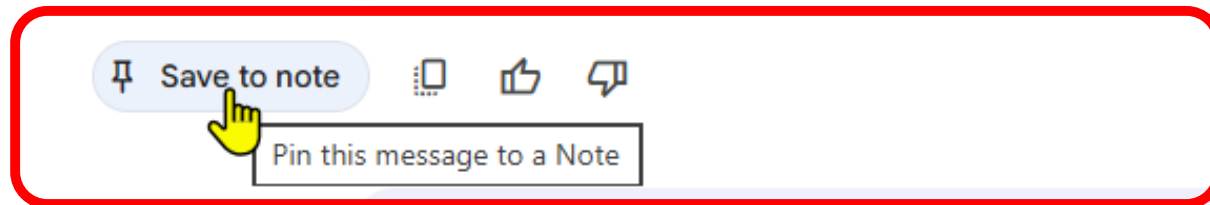
Save the new content as a **NOTE** and then as a **SOURCE**

The screenshot shows a 'Sources' interface with a search bar and a list of results. A red rounded rectangle highlights the item '02 Urinary Catheter and UTI Care Interview Framework'. A yellow hand cursor is pointing at the three-dot menu icon to the left of this item. The interface includes a '+ Add sources' button, a search bar with the text 'Search the web for new sources', and dropdown menus for 'Web' and 'Fast Research'. The list of sources includes items like '02 ADL Dignity in Motion Essential Guidelines for Resident Independence', '02 Best Practices for Urinary Catheter Care and Infection Control', and '02 Dignity and Independence: ADL Structured Interview Guide'. Each item has a checkmark on the right.

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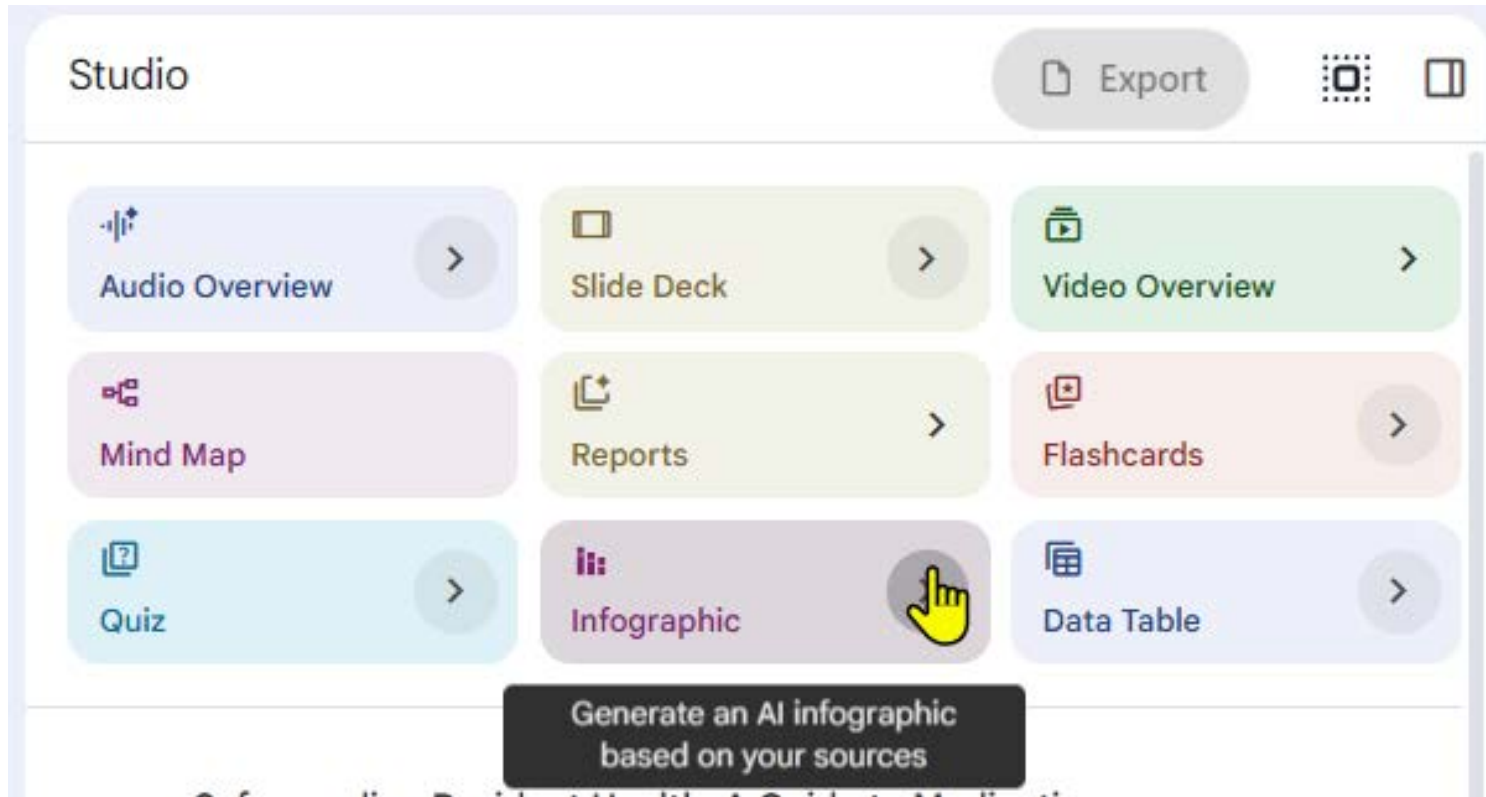


Select sources to use

Select all sources

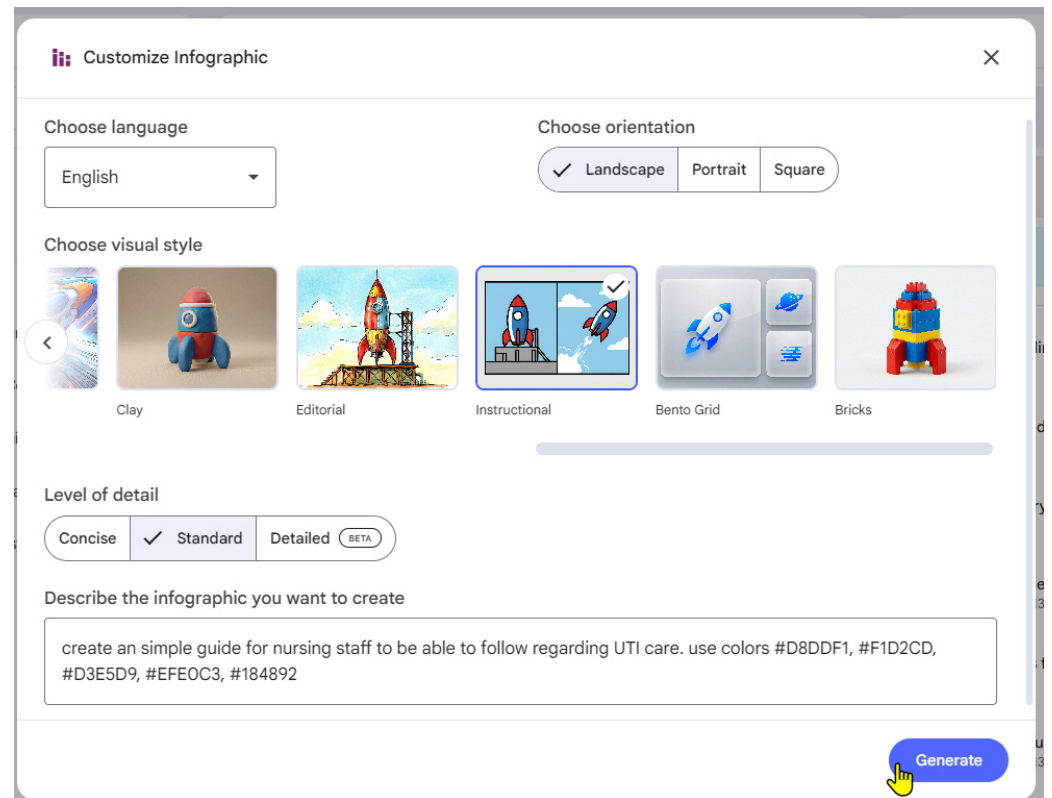
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- 2026-03-10 CMS-20062 Unnecessary Medications.pdf
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Choose an output to create [infographic]



Choose a visual style and describe the infographic you want to create

“create a simple guide for nursing staff to be able to follow regarding UTI care. use colors #D8DDF1, #F1D2CD, #D3E5D9, #EFE0C3, #184892”



Nursing Excellence: Best Practices for UTI & Catheter Care

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Select other resources and create more...

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Sleepy Question Falling Looking away

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DSM-5 Evidence Required

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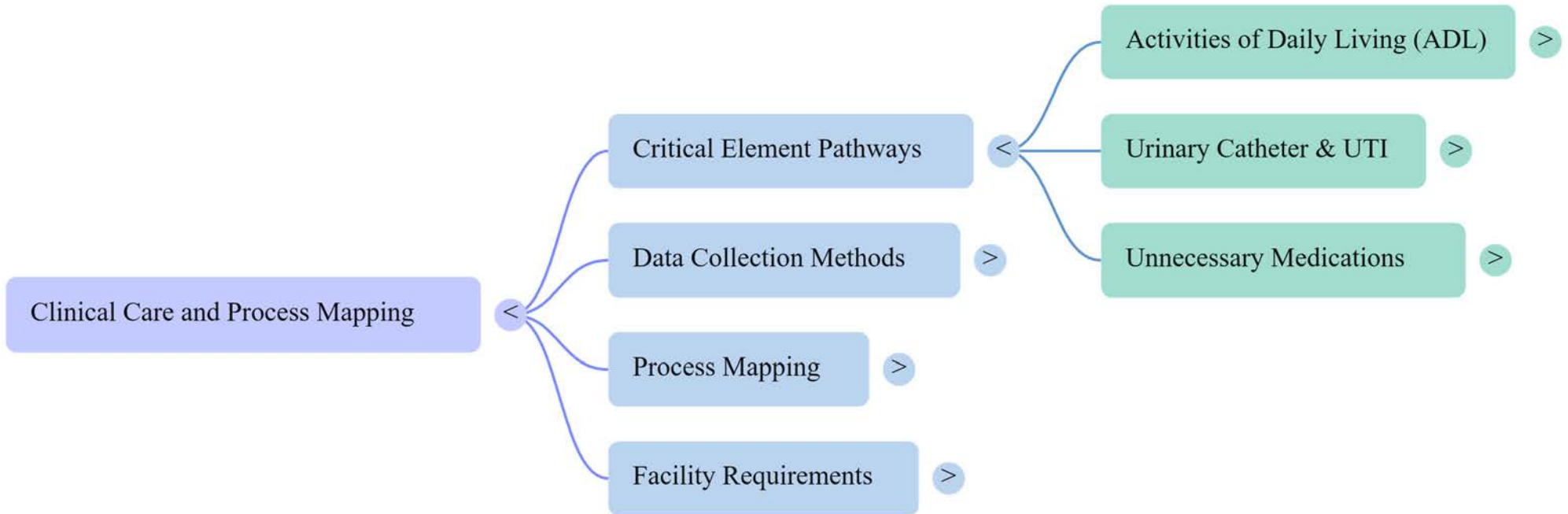
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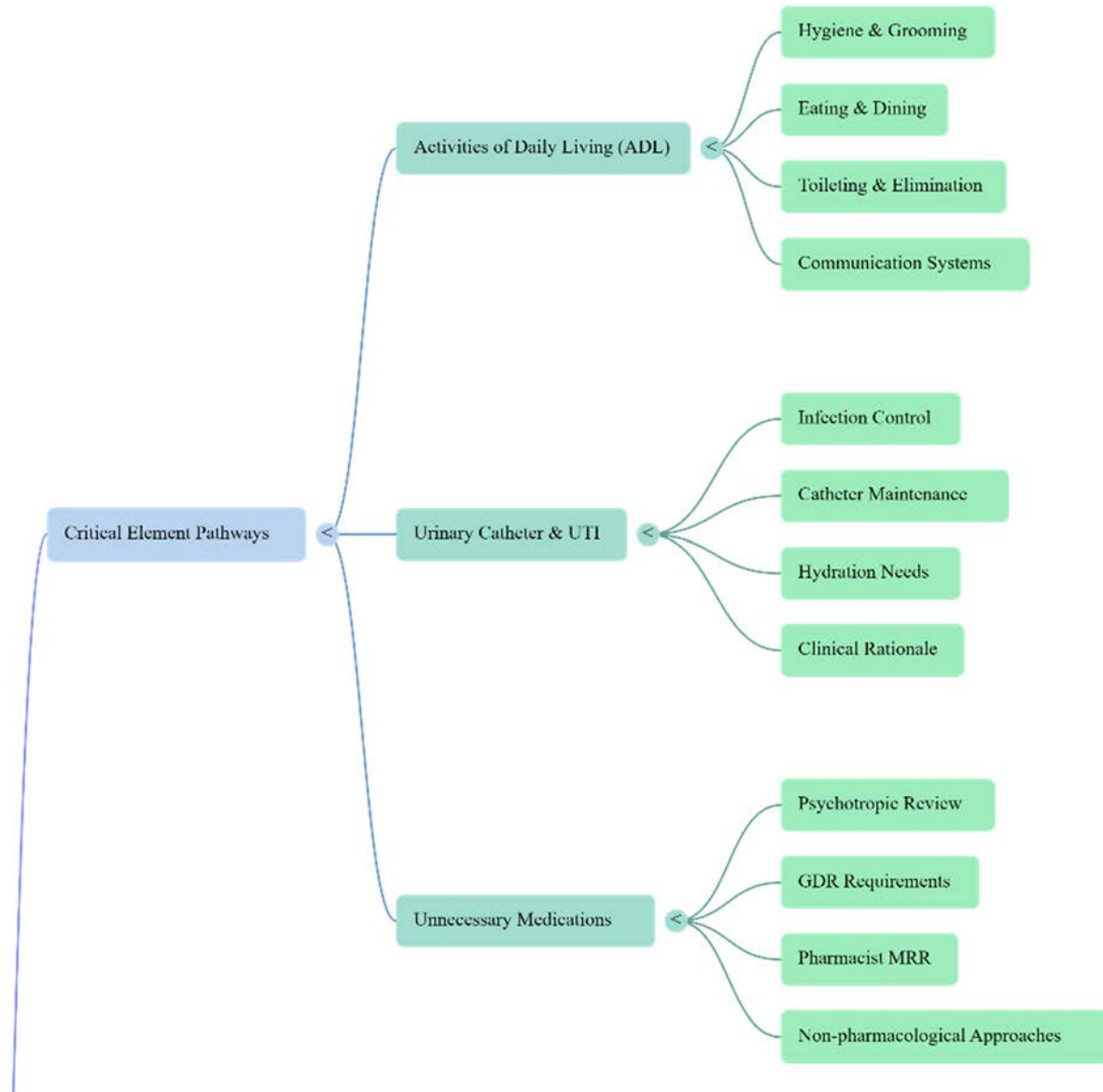
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Mind maps



Mind Maps



Reports

 Create report



Format

Create Your Own

Craft reports your way by specifying structure, style, tone, and more

Briefing Doc

Overview of your sources featuring key insights and quotes

Study Guide

Short-answer quiz, suggested essay questions, and glossary of key terms

Blog Post

Insightful takeaways distilled into a highly readable article

Suggested Format

Internal Quality Audit

A comprehensive protocol for clinical leaders to evaluate facility compliance with...

Clinical Care Framework

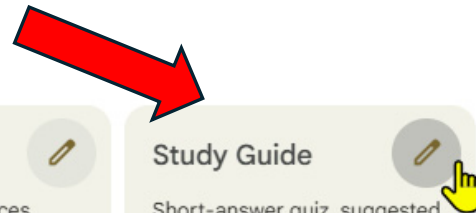
A structured guide for developing person-centered care plans that address...

Symptom Recognition Primer


An introductory aid to help new learners identify the

Infection Prevention Summary

A simplified breakdown of essential hygiene and



Reports

←  Create report



Study Guide

Quiz with answer key plus glossary

Choose language

English (default) ▼


Describe the report you want to create

You are a highly capable research assistant and tutor. Create a detailed study guide designed to review understanding of the sources. Create a quiz with ten short-answer questions (2-3 sentences each) and include a separate answer key. Suggest five essay format questions, but do not supply answers. Also conclude with a comprehensive glossary of key terms with definitions.

Generate



Reports

←  Create report



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Generating Report...
based on 2 sources

Generate



Study Guide

Study Guide:

Study Guide: Urinary
This study guide provides regulatory requirements (UTIs) in a healthcare facility. Medicaid Services (C)

Part 1: Short Instructions

sentences below

1. What are the requirements regarding
2. What is the requirement with an
3. According to the regulations, collect
4. Describe the requirements to prevent
5. What are the requirements that a resident
6. What are the requirements to manage
7. What are the requirements to what to
8. How should you address concerns
9. When notifying a person about a catheter
10. What are the requirements to represent

pg 1 of 4

Study Guide:

Part 2: Answer Key

1. **Objective:** The purpose of the study is to determine the necessary factors for the prevention of UTIs and to identify the necessary interventions.
2. **Medical Necessity:** A condition requires a specific indication. The condition can be managed with a specific intervention.
3. **Positioning:** Ensure proper positioning of the resident on the floor at all times.
4. **Hygiene Techniques:** The urinary catheter should be changed regularly to prevent bacteria from growing.
5. **Symptoms:** Baseline symptoms, such as urinary frequency, are also experienced.
6. **Hydration:** Residents should take enough fluid intake, staff should ensure adequate hydration.
7. **Antibiotic Stewardship:** Using antibiotics should be evaluated. Assessments should be performed when a symptom is present.
8. **Psychosocial:** Using privacy and socialization techniques to address the resident's needs.
9. **Infection Control:** Contact with the resident's routine mail system is handled.
10. **Refusal Protocol:** Representative must document the resident's education and consent.

pg 2 of 4

Study Guide:

Part 3: Essay Instructions:

comprehensive

1. **The Ethical Implications of Indwelling Catheters:** Discuss the ethical implications of using indwelling catheters in long-term care facilities, including the impact on residents' dignity and privacy.
2. **Infection Control Practices:** Describe the infection control practices used in long-term care facilities to prevent urinary tract infections, including hand hygiene, catheter care, and antibiotic stewardship.
3. **Comprehensive Assessment:** Discuss the requirements for a comprehensive assessment of a resident's urinary tract health, including the use of standardized assessment tools and the role of the nursing staff.
4. **Managing Urinary Incontinence:** Discuss the management of urinary incontinence in long-term care facilities, including the use of catheters, absorbent pads, and behavioral interventions.
5. **Dignity and Privacy:** Discuss the importance of maintaining residents' dignity and privacy when providing urinary care, including the use of privacy screens and the role of the nursing staff.

pg 3 of 4

Study Guide: Urinary Catheter Care and Infection Control

Part 4: Glossary of Key Terms

Term	Definition
Antibiotic Stewardship	A systematic effort to ensure that antibiotics are only used when necessary, based on specific clinical criteria, to prevent drug resistance and unnecessary medication use.
CAUTI	Catheter-Associated Urinary Tract Infection; an infection of the urinary tract specifically linked to the use of an indwelling catheter.
Costovertebral Tenderness	Pain or tenderness in the area of the back over the kidneys, often used as a clinical indicator of a urinary tract infection.
Delirium	A sudden change in mental status characterized by new or worsening confusion, often a non-traditional sign of infection in elderly residents.
Indwelling Catheter	A medical device inserted into the bladder to drain urine, which remains in place for an extended period.
Loeb Criteria	A set of clinical evaluation tools used by facilities to determine if the initiation of antibiotics is necessary for a suspected infection.
Maceration	Softening and breaking down of skin resulting from prolonged exposure to moisture, such as urine leakage around a catheter.
Medical Necessity	A clinical standard requiring that a procedure or device (like a catheter) only be used if it is essential for the treatment or management of a resident's specific condition.
Post-void Residual	An assessment of the amount of urine remaining in the bladder after a catheter is removed, typically performed for residents treated for obstruction or overflow incontinence.
Privacy Bag	A specialized cover for a urine collection bag designed to hide the bag from view, helping to maintain the resident's dignity and reduce embarrassment.
Rigors	Shaking chills that may occur with or without an identified cause, often serving as a symptom of a systemic infection.
SBAR	An acronym for Situation, Background, Assessment, and Recommendation; a communication tool used by staff to evaluate and report a resident's condition.
Urinary Meatus	The external opening of the urethra through which urine exits the body; the primary site for catheter insertion and a critical area for infection control hygiene.

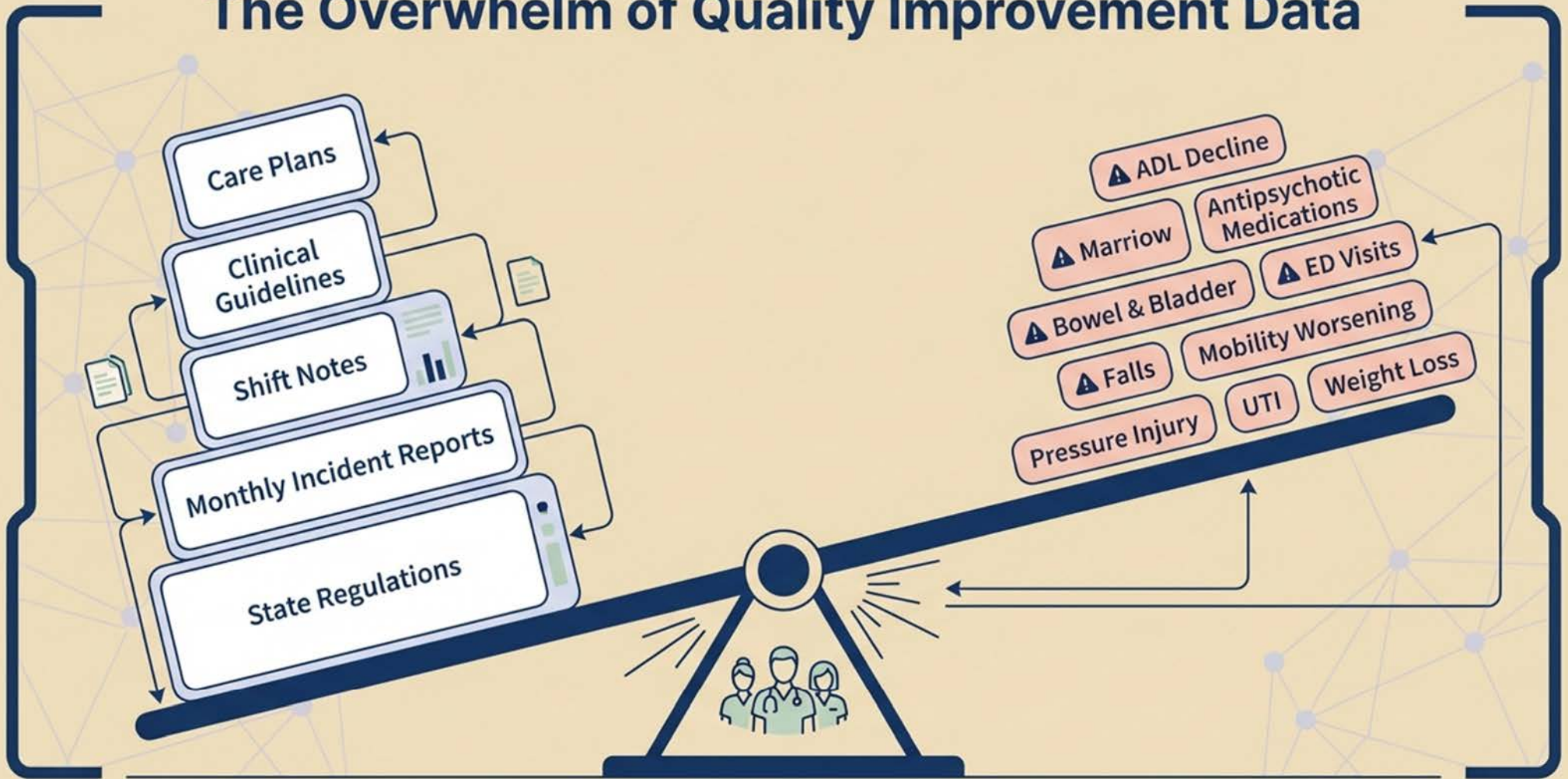
pg 4 of 4

The AI-Powered Improvement Team: Mastering NotebookLM



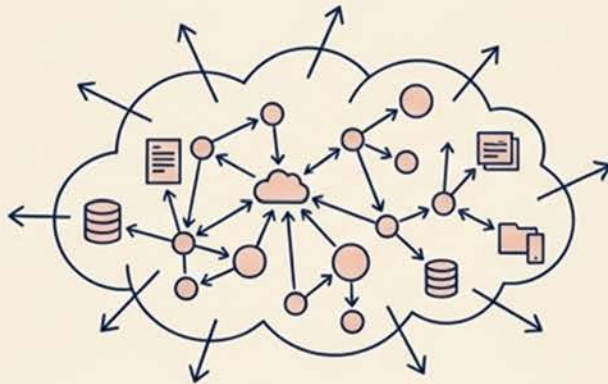
A 7-Step Plain English Guide to synthesizing data
and accelerating solutions for Long-Term Care.

The Overwhelm of Quality Improvement Data



Why NotebookLM? The Power of Source-Grounded AI

Standard Chatbots



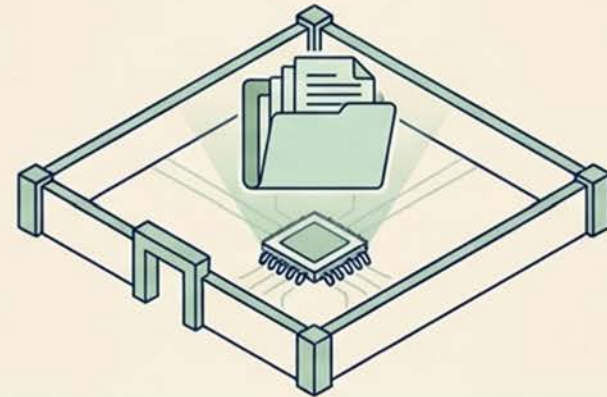
Scans the whole internet.

Prone to hallucination.

Generic advice.

Data privacy risks.

NotebookLM



Source-Grounded.

Only reads the exact documents you upload.

100% focused on your facility's protocols and selected clinical evidence.

Includes exact citations for every claim.

Private to your organization.

Your Roadmap to the AI-Assisted QI Workflow



Steps 1 & 2: Access & Create Your Targeted Workspace

1. Access:

Navigate to notebooklm.google.com. Log in via your Google Workspace or institutional credentials to ensure organizational privacy.



2. Create:

Click New Notebook.

Think of this as opening a dedicated binder for a single, specific QI initiative.

Pro Tip: Do not mix projects. Create a separate notebook for each distinct issue. E.g., 'Q3 Fall Prevention Project' or 'Weight Loss Protocol Review'.

Step 3: Upload Your Evidence (Feeding the Brain)



Add the specific materials you want the AI to analyze. The AI will only use what you give it.

If a document isn't in the funnel, it doesn't exist to your AI.

Step 4: Utilize Deep Research to Fill Knowledge Gaps



1. Tell the AI your topic (e.g., Latest clinical guidelines for reducing Antipsychotic use in dementia patients).

2. Deep Research autonomously scans the web for high-quality, credible reports.

3. Instantly import these authoritative sources into your workspace to compare against your internal data.

Step 5: Configure the AI's Clinical Role

Don't **settle** for generic summaries. Click '**Configure notebook**' to give the AI a specific job title and goal.



Role Selection

Define AI Persona and Objectives:

Act as a Senior Director of Nursing leading a QI initiative. Prioritize identifying root causes of Mobility Worsening and suggest realistic, non-pharmacological interventions based strictly on the uploaded sources.

Configure notebook

Step 6: Interact with the Chat & Verify Citations

NotebookLM Chat Assistant

What are the recurring themes in recent Fall incidents?

Based on the uploaded incident reports, recurring themes include:
 1) Environmental factors such as wet floors and inadequate lighting, and
 2) Resident-related factors like unassisted mobility attempts and medication side effects. [1]

LTC Facility Fall Incident Report – Q1 2024

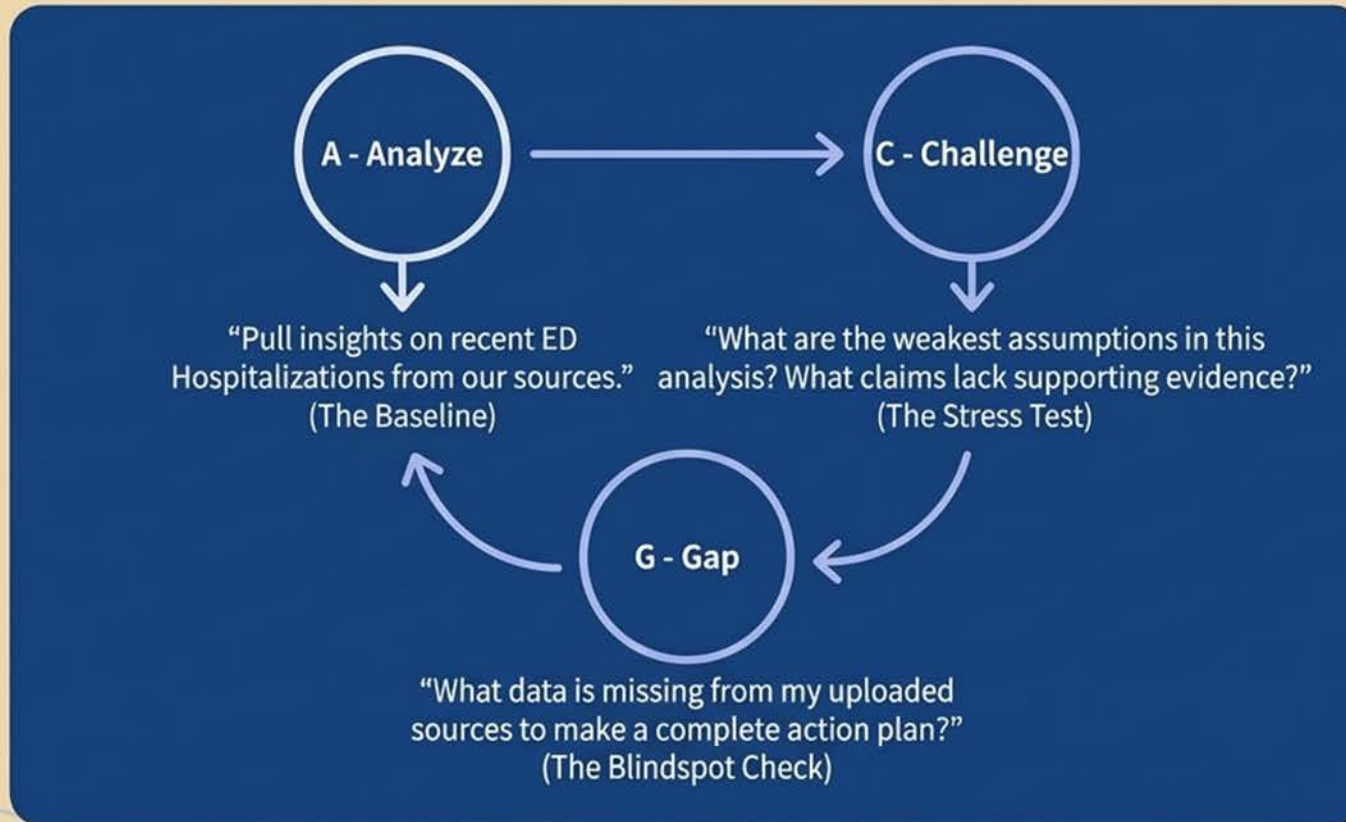
The Facility fall Incident falls (w approximately 40%) were observed during unassisted mobility attempts by residents with documented balance issues, particularly in the late afternoon and evening hours. Additionally, environments observed during unassisted mobility attempts by residents with documented balance issues, particularly in the late afternoon and evening hours. Additionally, environmental assessments indicate that 25% of falls occurred in areas with temporary spills or wet flooring following cleaning.

A significant portion of recent falls (approximately 40%) were observed during unassisted mobility attempts by residents with documented balance issues, particularly in the late afternoon and evening hours. Additionally, environmental assessments indicate that 25% of falls occurred in areas with temporary spills or wet flooring following cleaning.

LTC Facility Fall Incident Report (approximately 40%) were observed during unassisted mobility attempts by residents with documented balance and residential environments. Additionally, environments now occurs in the residential hours. Additionally, mis-resident reports, to resolve falls can memeted the environmental assessments indicate thich were observed during show mobility anation issues, dumonimus indicates that 25% of falls were occurred and composites indicate of falls occurwers with temporary spills or wet flooring attempts, at i residents statment by locating inthe economirs cleaning.

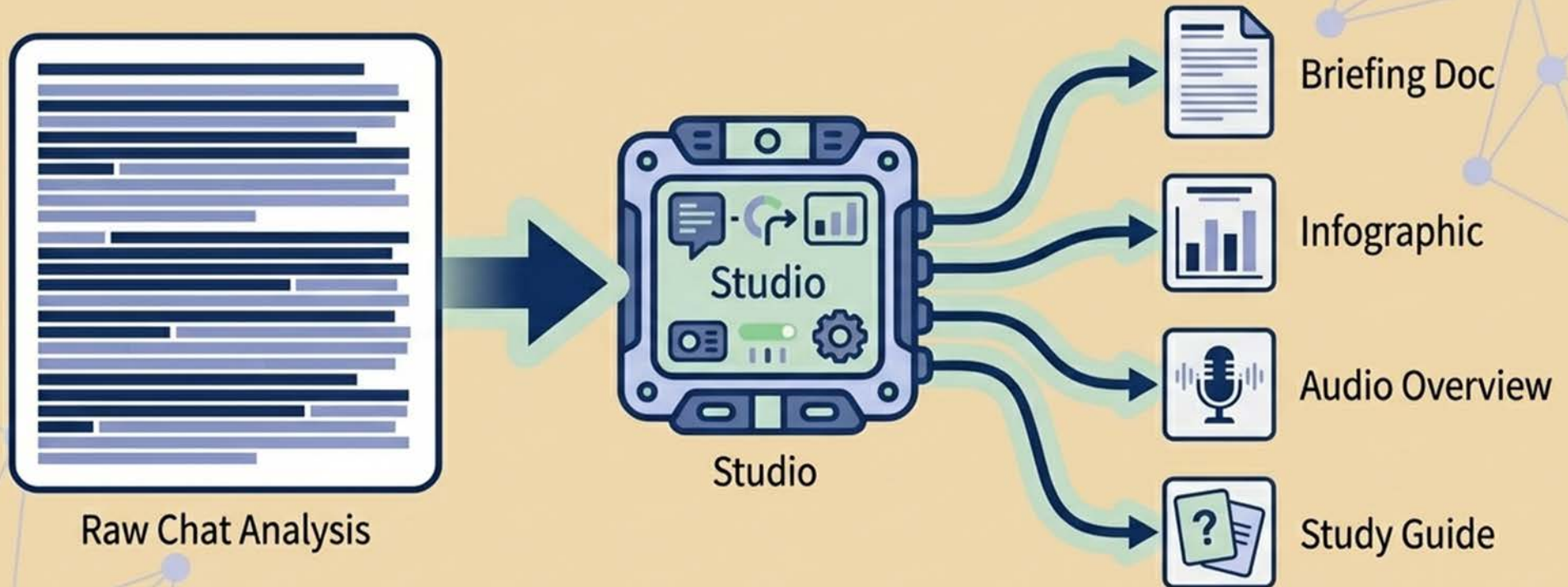
Trust but Verify. Click the citation markers. NotebookLM instantly highlights the exact quote in your original source document. Zero guesswork.

Master the Chat: The ACG Prompt Framework



This framework ensures clinical rigor and prevents action plans based on incomplete facility data.

Step 7: Generate Artifacts in the Studio



Open the Studio panel to transform your raw research into actionable, shareable formats with a single click. Move from analysis directly to staff education and executive reporting.

From Analysis to Action: Operations & Education

Briefing Docs.



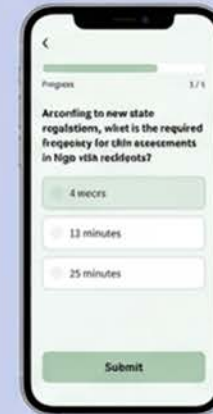
Instantly generate a 1-page executive summary on Bowel & Bladder Optimization for the facility administrator.

Infographics & Slides.



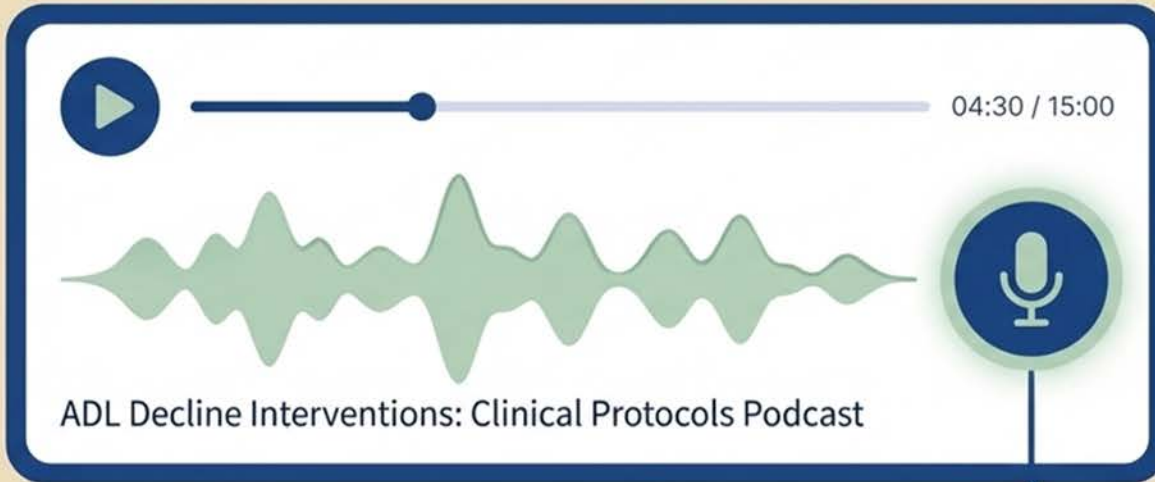
Create visual slide decks for morning huddles or monthly staff meetings regarding new Pressure Injury protocols.

FAQs & Quizzes.



Auto-generate flashcards and quizzes based on updated state regulations to test nursing staff comprehension.

Artifact Spotlight: The Deep Dive Audio Overview



Join Conversation: With Gemini 2.0 integration, users can hit 'Join' and speak directly to the AI podcast hosts to ask clarifying questions mid-stream.

The Value:

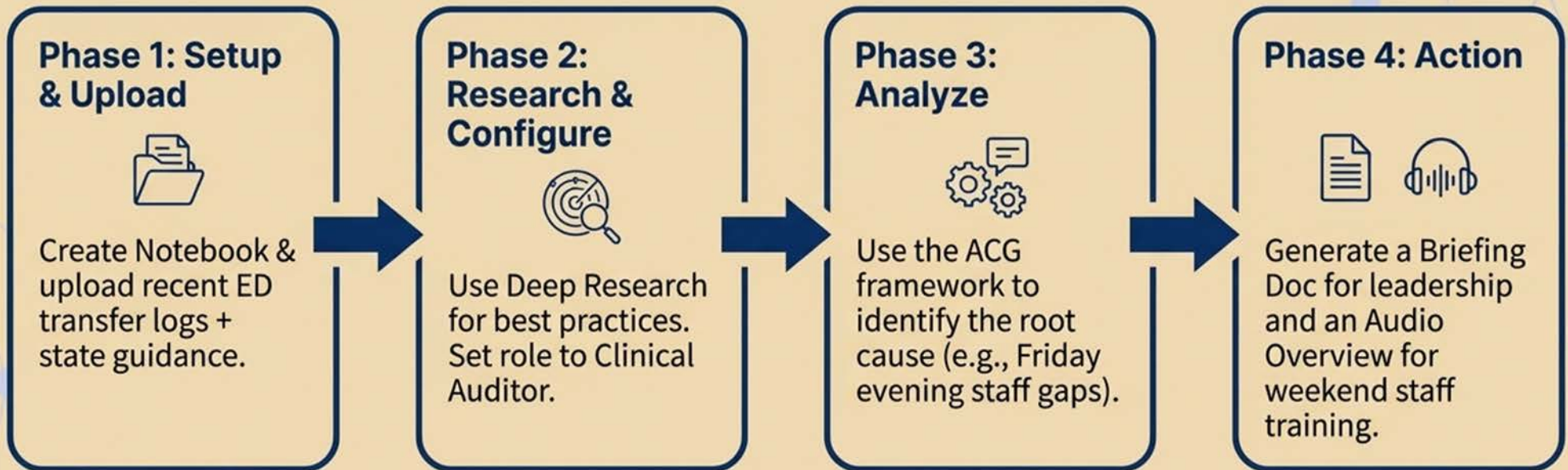
Nurses are busy.

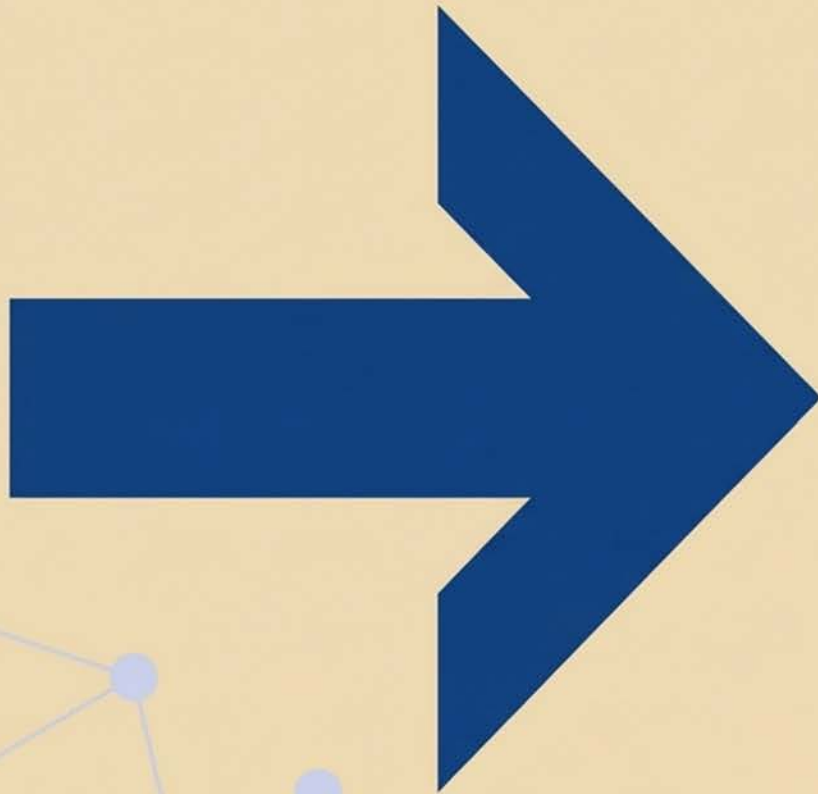
Turn dense clinical protocols into an AI-generated, two-host podcast.

Staff can listen and learn about ADL Decline Interventions during their commute or while charting.

The illustration depicts a steering wheel with a brain icon above it, connected by a line to a smartphone with a brain icon below it. A pen is shown writing on the smartphone screen, symbolizing the integration of technology and human cognition for learning and productivity.

Putting it Together: The Hospitalization Reduction Project





Action 1:

Navigate to notebooklm.google.com.



Action 2:

Pick one priority issue (e.g., Weight Loss or UTIs).



Action 3:

Upload your top 5 facility documents and start chatting.

NotebookLM is your secure, source-grounded partner for synthesizing complex data and driving better resident outcomes.

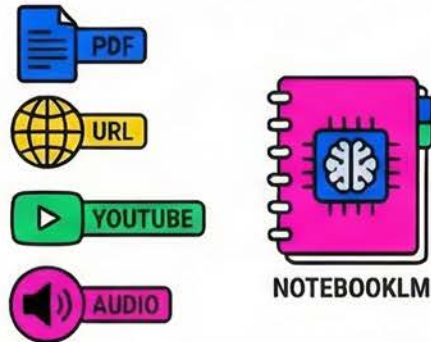
Mastering NotebookLM: A 7-Step Novice Guide

1 & 2: Access and Create



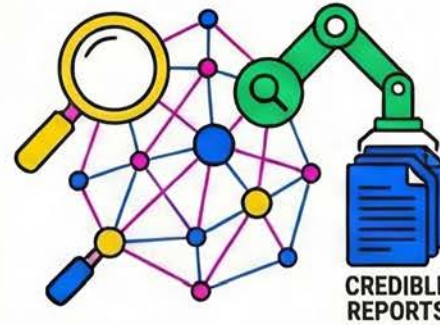
Sign in via Google to start a dedicated workspace for your specific topic.

3: Upload Grounding Sources



Import PDFs, website links, YouTube URLs, or audio files for the AI to learn.

4: Utilize Deep Research



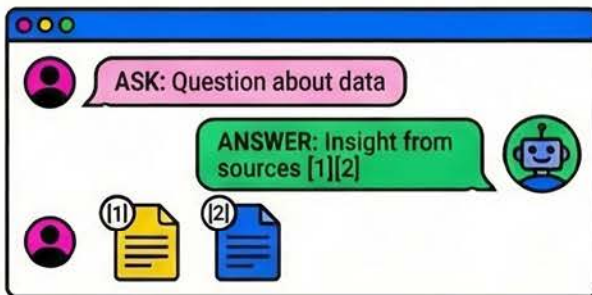
Use built-in tools to autonomously scan the web for high-quality, credible reports.

5: Configure Notebook Role



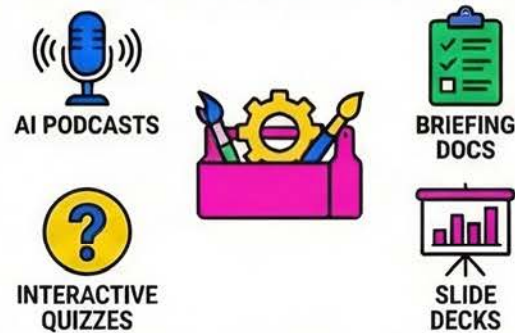
Define a custom AI persona, like an analyst, to receive targeted professional insights.

6: Interact and Cite



Ask questions in the chat and verify accuracy via direct source reference markers.

7: Generate Studio Artifacts



Transform research into AI podcasts, briefing docs, interactive quizzes, or slide decks.



AND



THIS MCMCFC ACTIVITY
IS FUNDED IN FULL OR IN PART BY THE
MICHIGAN DEPARTMENT OF HEALTH AND
HUMAN SERVICES (MDHHS) AS PART OF THE
MICHIGAN CMPRA OR NFEP - 2026 GRANT

PRESENT

AI LUNCH & LEARN

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Please connect