P.02 Congratulations!
New Peak 2.0 Achievements

P.03 Attica Long Term Care:
A Story of Getting Out of Our Own Way
Notes from PEAK 2.0 Coordinator

As we close out one PEAK year and move into a new one, the PEAK 2.0 team is actively working on putting together our own action plan for the year. As we do this, we are reminded of the tremendous opportunity we have to regenerate and start again. One of the tools we will be using this year to continue to improve the program is participant feedback. We are thankful to all those that participated in the PEAK experience survey. Your feedback is invaluable to continuing to make this program support the needs of participants. Just as we are action planning and critically evaluating ourselves, we know you are on a similar journey. The content of this newsletter is really aimed at sharing resources that might help reinvigorate your work. Sometimes we all need a little extra push to keep us focused. We would also like to welcome all the newly participating homes that will soon begin their work in the Foundation. We look forward to getting to know your teams more.

Laci J. Cornelison,
PEAK 2.0 Project Coordinator

“Although no one can go back and make a brand new start, anyone can start from now and make a brand new ending.”
- James R. Sherman

Congratulations: New PEAK 2.0 Achievements

It is a special time to acknowledge individual home's achievements in the program. You all work so hard to make meaningful change in your organizations and with each achievement we get so excited for the difference you are making in elders’ lives. We publicly celebrate the achievement of six homes, who achieved level 3 for the first time and four other homes who met another important milestone in their journey in the upper PEAK levels. While we celebrate their victories publicly we also know that countless other homes also celebrate important PEAK victories and we are equally excited about your achievements. Be sure to take time to acknowledge all your hard work!

New Level 3 Homes:
Atchison Senior Village, Atchison
Attica Long Term Care, Attica
Bethesda Home, Goessel
Leonardville Nursing Home, Leonardville
Prairie Mission Retirement Village, St. Paul
Sharon Lane Health Services, Shawnee

New Level 4 Homes:
Parkside Home, Hillsboro

New Level 5 Homes:
Dooley Center, Atchison
Pine Village, Moundridge
Medicalodge Columbus, Columbus

All of these homes are important resources for person-centered care. Please feel free to contact these organizations to aid your own journey in the program.
Attica Long Term Care:  
A Story of Getting Out of Our Own Way

“Just like dancing.  
Let your residents lead.  
Let your steps mimic theirs.  
They will show you the steps.”  
-Joy Phye, LPN Charge Nurse

Our Inspiration

After hearing about PEAK at a meeting about four years ago, the administrator and director of nursing (DON) came back excited and told staff that we were going to try it in our home. Of course, the financial incentive offered through PEAK didn’t hurt either. But we kept thinking, how? How does a small, rural farming community with limited funds make this happen? How do you go from providing institutionalized care in a 1950’s hospital setting to person-centered care? When we first joined PEAK, we were behind. We missed our first training at the Foundation level. We were mad that we missed it and worked hard to convince Laci Cornelison and Rhonda Boose from the PEAK team to come see us to explain the program criteria. In our first meeting our team had skepticism about the criteria and how it could be done, but it planted a seed. They left, we processed, and just decided, let’s jump all in and get to work.

“Change only happens when you rise to the challenge, pick up your feet and move.”  
–Marsha Waltrip, Rehab Aide

Our First Leap

With food being very important to those whom we serve, we chose to start in the dining room. We started creating a new menu. The menu contained items that they chose to have available all the time. We also continue to have daily lunch and supper specials, which are approved by our dietician, but these meals are also adapted due to suggestions residents make. Our menus are resident driven; it’s their home their choices. Even before our work with PEAK, we got rid of our feeding tables. We had been very institutional in our dining practices. We had the old horseshoe feeding tables. We had two dining rooms. One was dedicated for those, who we called “feeders”. And the other room was for those who were independent in their dining needs. That is behind us now! But we had work to do; along with ditching these old ways we also traded regimented meal times for open, restaurant-style dining with 7:00 am – 7:00 pm hours. We found that starting with something residents enjoyed and meant a lot to them gave them empowerment. We even added a soft-serve ice cream machine at the request of residents.

Did we have grumbling from our medical providers because of these changes? YES! Do we still have to hear about it sometimes? YES! But our elders love it and they only groan now when the ice cream machine is broken down. Has this hurt our residents? NO! It has pushed us to work with their diet, which is nothing more than scheduling our day to fit their lives—not their lives to fit our schedules.
“Food has helped with patient satisfaction and weight increases. We still have our challenges, such as reduction in anti-psychotics, but it is a work in progress.”

–Dr. Imlay, Medical Director

Milestone Moments:

Next, we began our “no waking” policy. Would we want someone coming in our home and telling us to get up? Definitely not! This changed how and when our nursing department began their day, but it also changed how we operated as a facility. We merged housekeeping and laundry positions into one, now called homemakers. We changed their schedules so they were no longer starting at 6:00 a.m. and waking people up to clean their rooms. After trying multiple ideas, we were even finally able to do away with pushing carts down the halls, by putting locked cabinets in each bathroom where supplies are now stored. No more vacuuming the front lobby before 9:00 a.m.

It was not easy! It took real commitment. There were days the administrator and DON would each be here early or stay late. They would make sure the residents were not being awakened for staff convenience. They stood guard in front of the dining room doors making sure that residents were not being brought in like cattle, ensuring the hallway overhead lights were still off until the designated time, and staff was not taking laundry or housekeeping carts down the hallways. Staff did not like the administrator or DON much that month, but the residents liked them more and that is all that mattered.

“I’m very happy with my routine each day. I see no reason to change it here.”

–Vadora Crow, Elder

From the empowerment of residents, soon to follow was empowerment of the direct care staff. We knew education was the key. When we sent one or two staff for a training, they would come back on fire wanting to make changes, but they would be defeated by the naysayers. This made our transition take longer than planned, but we did not let that stop us. We knew the only way to make this happen was by training everyone at the same time. We were fortunate enough to receive a grant that allowed us to do just that. We were blessed to be able to have Linda Kettles from GERTI educate our staff. We were so glad to have been able to bring GERTI to south central Kansas. We even opened up our training to other homes so they could receive the knowledge, too. Linda’s training was invaluable. She could not only speak as a provider, but was also able to speak from the perspective of a family member. She lit a fire in our staff that we so desperately needed.

Our staff left training excited about PEAK 2.0 and it literally flew from there. Linda even spoke to our board, which released them from any reservations they may have had. Finally, education was the key to our success. Staff was pushing us to make changes sooner and more broadly.
Of course, we had and still do have those people who don't like change; however some have hung with us and made the changes—growling all the way in some cases. Changes in the way we schedule was a major hurdle for us. We chose to implement block scheduling learned from GERTI to make our staffing more consistent. By caring for the same residents our staff is able to really know them, their likes and dislikes, their wants and their needs. They will be the first person to know if something is wrong just by observing them. In addition to nursing doing block scheduling, dietary staff came back from training and developed and implemented their own block scheduling. Was this transition easy? Are you kidding!!! It stunk—even more bluntly, it was “$@#$@!” for months. Several times we almost gave up going to the block schedule due to staff leaving. But, we found staff that chose to improve quality of life of our residents over their own discomfort. Our staff was empowered to tell the DON that they did not want to give up and they would succeed. This is where the team leaders stepped up and played the vital role of creating a team that was dependable and accountable to each other.

“It seems to be a lot easier on the residents!
They also seem to enjoy being able to make their own decisions more often.”
-Kristina Richmeier, CNA

It Is Not Over Yet:

We are a small rural community that made PEAK 2.0 work. If we can do it, so can you. With a little imagination and help from a mentor home, I am sure that we can all make nursing homes in Kansas the talk of the nation in regards to person-centered care. We want to send a special thanks to Pleasant View Nursing Home, GERTI, and Linda Kettles Health Care Consulting, LLC for being great resources along the way. Our story continues as we keep forging on to sustain what we have done and continue to be the very best we can be.

“As a member of the Board of Trustees I am very appreciative of the staff and administration for working through this process. It has not been easy to get everyone to buy into this vision. With that being said, it is so rewarding to walk through our facility and see our residents engaged in activities and the staff interacting with them. Just this aspect alone makes it worth the effort it took to get to this point.”
-Cheryl Kernohan, Board of Trustees
New Resource Available!

Core Considerations

As you are jumping into your 2016-17 PEAK work, check out a new resource called Core Considerations. These are designed to provide you with more information about the criteria within each of the PEAK 2.0 core areas. If you are in a brainstorming slump or have a work team struggling to understand where to go next, these are a great tool to utilize. The resource can be found on the PEAK 2.0 website by following this link:

http://www.he.k-state.edu/aging/outreach/peak20/2016-17/core-considerations.pdf

How about a sneak peak of what the resource has to offer? The core “Supporting the Human Spirit” is a fun one to look at for a variety of reasons. I have found that teams get excited about this core area and love coming up with ideas to improve this area of their organization. At the same time, this is a core area that is less concrete so it sometimes leads to teams getting frustrated or missing the point of the core area goal. That is where this resource can come in handy! Check out what the resource has to offer teams:

Considerations: Supporting the Human Spirit

Supporting Practice #2— “Planned and spontaneous activities” required outcomes

Residents are involved in planning formal activity schedules: Formal activity schedules should be based on the interests of the elders currently living in the home. The calendars should change as people come and go from the home. Homes that have met this required outcome have a system in place where elders are directly involved in developing activity schedules.

- The system is much different than simply asking elders each month in Resident Council if there is anything they want to do. These homes engage elders in daily conversations about their interests and respond by supporting elders in things they like to do. Activity staff work to bring elders together to develop the calendars based on their ideas and areas of interest.

Residents are involved daily in determining spontaneous activity: How does your team talk to elders about what they want to do each day? You can no longer think in terms of the activity director taking sole responsibility for elders’ lives. All team members must be empowered to make spontaneous things happen as they have the opportunity. Our expectations of one another can prevent spontaneity in life if you are not careful.

- Consider this: How does the team respond when a caregiver is seen sitting and visiting with an elder? Maybe enjoying a cup of coffee together. We frequently hear, “well that would be ok as long as their work was done.” What does a response like that say about the culture of an organization? Does it imply that only certain tasks are considered important? What is work? What is our responsibility as caregivers? Are we not responsible to meet the needs of elders beyond their clinical needs?

- In homes providing person-centered care all team members understand their role in supporting elders in the daily life they want to live. These efforts are supported by the team. Activity directors make sure team members have access to the knowledge and resources they need to support spontaneous life.

Do note that this is just a sampling of what the resource has to offer. Be sure to check out the full resource online and contact us anytime to talk through the particulars of your work with the core areas you have selected this year.

We love hearing from you.