Leonardville Nursing Home: We Thought We Were Doing It
Notes from PEAK 2.0 Coordinator

The PEAK 2.0 2016-17 year is well under way. Whether you are a brand new home participating in the Foundation activities, a level 1 or 2 home working to implement core areas, or an upper level home perfecting your practices and teaching others, our hope for your home is that you are well under way in meeting your goals for this year. In this month's newsletter, we have another story from a home that has been successful in the program along with some exciting new resources to aid your journey with person-centered care. We hope you enjoy!

Laci J. Cornelison,
PEAK 2.0 Project Coordinator

“When you want something you’ve never had, you have to do something you’ve never done.”
~ Thomas Jefferson

New Resources Available!

Action Plan Samples

Sample action plans have arrived on our website! Check them out at: https://www.he.k-state.edu/aging/outreach/peak20/action-planning/

In our experience, specific, detailed action plans lead to greater success in implementation. These examples are available to give you an idea of what a well-executed plan looks like for several core areas. Remember, an action plan that works for one home may not work for yours, as each organization is unique. These samples are to give you an idea of the level of detail your action plan should include and they may even give you some ideas that other homes have used in their implementation of person-centered care. A big thank you to Heritage Health Care, Louisburg Health and Rehabilitation, Medicalodge Atchison, Leonardville Nursing Home, Moundridge Manor, Logan Manor, and Ness County Hospital LTCU for allowing us to use your action plans as an inspiration.

Webinar Series Available

We are excited to introduce webinars on each of the PEAK 2.0 cores hosted by the upper level homes. These are specifically designed for level 1 and 2 homes; however, any home may participate. These are least suited for the Foundation level homes, due to where you are at with your person-centered care journey. Do not worry, we hope to provide this series again in the future so you can catch them then.

See Page 6 for complete information, including dates, times and locations.
Leonardville Nursing Home: We Thought We Were Doing It

“"We always thought we were doing it (person-centered care), but part way into this, we realized we were clearly not. We spoiled some of our residents but we didn’t really listen to what they wanted, we did what we thought was best for them.”
~ Sue Brenner, Office Manager

Our Inspiration

Going into this, our organization heard about culture change and person-centered care for a long time. Being in a small community, we thought we already had a lot of the components of person-centered care in place and we also thought that person-centered care meant you had to renovate or build new, so we did not feel a rush to start. Though we felt this way, we finally decided that this “thing” was not going to go away so we decided we should jump in and do it right. We hired a local consultant to help us with some team building and awareness about person-centered care and started seeing that maybe we weren't exactly doing person-centered care like we thought. We realized we had more work to do than we anticipated. Soon after, PEAK 2.0 came out and we decided to get involved because our goal was to implement person-centered care

“Our thought that a major way we were delivering person-centered care was by throwing surprise parties for them. We never even thought to ask them what they even wanted to do for their own birthday.”
~ Jennifer Colp, DON

Our First Leap

During our team building year, we began to realize that what we thought was person-centered care was actually patronizing our elders and not empowering them to be themselves. One example concerned surprise birthday parties. We would throw surprise birthday parties for residents and everyone would come out and make a big deal of the resident and bring them a cake. We never once asked a resident what they wanted to do for their birthday. We did it for them. Now, we ask residents how they would like to celebrate their birthday and we then make it happen within the resources we have available.

In our first team building year we also visited several places that were known for person-centered care. We even took our board to see them. This really helped us see how it could be done instead of it just being an idea.
Let the Change Begin

Once we had done so much learning about person-centered care, we really wanted to dive in and start making changes. The changes began with residents sleeping in. A team was formed to work on this that included a variety of different types of staff members - dietary, leadership, and caregiving staff. We had our game plan that everyone agreed upon and had set a date to begin elders waking when they wished. The day arrived and elders began sleeping in. When one caregiver helped an elder to the dining room around 9 a.m., a dietary team member said that breakfast was over. The caregiver was stunned by the dietary team member’s response. She was thinking, what do you mean there is no food. We talked about this and there was supposed to be food. The dietary staff member said, “I knew we were going to let them sleep in, but I didn’t know we would have to feed them.” The team quickly regrouped and obviously got the resident something to eat and worked out the kinks necessary to have an open breakfast available for residents throughout the morning. This is when we all realized that change is easy until it means “I” have to change. It also helped everyone see that the change is bigger than one department. It involves everyone.

Milestone Moments:

The next big thing that we knew we wanted to do was to break up our home into neighborhoods. We are certified for 59 residents, who originally were cared for by all staff. We kept having meetings about breaking up into neighborhoods that always ended the same way; we can’t do that until we have enough money to remodel or build a new building. After feeling like we could not move forward because of the financial limitation, our consultant challenged us to think about how we could divide up work areas without remodeling. Some of our direct caregivers who were present had SO many creative ideas about how it could be done. Once we took away our own idea that it could only be accomplished by building changes, we were able to make major headway. We spent lots of time hashing out with teams how the neighborhoods would be divided, who would work in each neighborhood, and how we would manage food. Once we had a game plan, we put it into action. We ended up with three neighborhoods with 20, 12, and 27 residents living in them. There were lots of kinks to work out along the way, but unlike our initial flop with sleeping in, this one went a bit smoother.

Once teams and elders were in neighborhoods, things started really moving along. This is when staff members started to have more time to spend with elders, they began to learn more intimate information about each resident such as their likes and dislikes, and formed deeper relationships with elders and their families. We feel like this is when we started stepping away from the task mode and moved into more of a relational mode. We were finally able to switch gears to organizing our work around the residents, rather than expecting the residents to work around our schedule.

“This is what family is all about.”
~ Resident of Leonardville Nursing Home
Benefits of Our Work

When we were in the middle of it all, we often wondered if it was going to make a difference. One of the things we noticed pretty early on was that the residents were more engaged. Honestly, at first it was hard to get our residents to talk to us and give their opinion. Now, it is hard to get them to stop talking. They have lots of opinions. Residents that were initially against the change are now saying they would not want to go back to the way it was before. We even had residents that were largely non-verbal before the change that are now responsive and somewhat verbal. We have also seen our rooms starting to fill up. Just two years ago our occupancy rate rarely got over 85%, and now it averages 95%. Most of our admissions come from word-of-mouth. The employee turnover rate was 120% a few years ago and it is now at 37%. This year we also received the My InnerView Excellence in Action award for achieving exceptionally high consumer satisfaction.

We plan to stick with this journey. We know we are not “there” yet and will never be.
PEAK 2.0 WEBINAR

Are you struggling with implementing person-centered care? Do you have questions about the cores your home is working on?

Join us in a webinar series to talk with teams from level 3, 4 and 5 homes about their experiences, struggles, and solutions for implementing the PEAK 2.0 criteria!

RSVP and submit your questions here: https://kstate.qualtrics.com/SE/?SID=SV_7OJR6eLCf11es3b

October 7th 10-11 AM
Supporting the Human Spirit & Community Involvement
by Pine Village

October 10th 10-11 AM
Career Development
by Dooley Center and Pleasant View

October 18th 10-11 AM
Bathing
by Prairie Mission Retirement Village

October 19th 1-2 PM
Daily Routines
by Attica Long Term Care

November 4th 10-11 AM
Relationships & Sleep
by Pine Village

November 7th 1-2 PM
Food
by Meadowlark Hills

November 9th 10-11 AM
Resident Bedrooms & Resident Use Space
by Atchison Senior Village

November 17th 10-11 AM
Decision Making – Resident Care
by Evergreen Retirement Community

November 30th 10-11 AM
Decision Making – Staff Work
by Medicalodges – Columbus