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The PEAK team is here to help your teams reach excellence in person-centered care. Pick up the phone or email us and we are happy to work with your teams.

Notes from PEAK 2.0 Coordinator

Whew! One hundred and sixty evaluation are in the books for the 2016-17 PEAK year. You all worked VERY hard this year and we are proud of the work you accomplished. We are excited about the possibilities of another year of accomplishments in implementing person-centered care in our state. Though the road seems long, know that every step you take is one step closer to the deep organization change you set out to accomplish.

In this issue we feature the results of another research study. This time, we looked at the clinical outcomes of PEAK by level. If you get discouraged that your hard work does not matter, be encouraged by these results! It turns out that greater implementation of person-centered care is positively impacting several quality measures. This makes us even more excited to keep pushing along the path to comprehensive person-centered care adoption in Kansas nursing homes. Keep up the great work you do every day!

“A ship in harbor is safe, but that is not what ships are built for.”

– John A. Shedds

Laci J. Cornelison, PEAK 2.0 Project Coordinator

Action Plan Feedback

If your home recently turned in an action plan to the PEAK team, we are actively working on reviewing all 160 of them! Your feedback will be returned to you by June 5th, 2017. Please do not wait until June 5th to start the work in your action plan. The feedback is intended to help push your team to excellence and catch any major divergence from the KDADS PEAK criteria before you go too far down the wrong path. The action plan is a working document and does not lead to passing or failing the PEAK program. So…ready, set, ACTION!

About the PEAK Team

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- Social Service Director
- Hair Stylist
- Accounts Receivable
- Life Enhancement
- Board Member
- Medical Records
- CODA
- Healthcare Designer
- Administration
- LPN/RN
- Fitness Instructor
- Consultant
- ADON
- Dietary Aide
- Mentor
- DON
- CNA
- Social Worker
- Household Coordinator
- Receptionists
- Gerontologist
- Accounts Receivable
- Medical Records
- Administration
- Consultant
- Mentor
- Social Worker
- Gerontologist

The PEAK team is here to help your teams reach excellence in person-centered care. Pick up the phone or email us and we are happy to work with your teams.
The PEAK advisory team met for the first time on April 12, 2017. The provider membership elected Bobby Handshy, Director of Nursing at Medicalodge Columbus, to be the provider chairperson for the team. Bobby has been a registered nurse for twenty-three years and truly has a passion for nursing and a love of the elders he serves. Bobby says, “When I first saw that PEAK was going to have an advisory team, I immediately began to fill out the volunteer application because I wanted to assist in educating people about the PEAK process and share our journey of climbing to the top as a skilled nursing facility. I believe that Promoting Excellent Alternatives in Kansas Nursing Homes is and will continue to be the success of nursing homes as our residents are receiving better care and living in a more home-like atmosphere. I look forward to the future serving on the advisory team and championing person-centered care as well as assisting people with guidance and suggestions as they proceed through their journey.”

Welcome to the team, Bobby, as well as, the other team members. We thank you for your service to making the program stronger.

Person-Centered Care Implementation Improves Clinical Outcomes

In the last newsletter, we presented resident satisfaction outcomes by PEAK level. We learned the resident satisfaction improves significantly at levels 3-5 of the PEAK 2.0 program. Research such as this is so important to understand why the changes you are making matter. They truly do make a difference for the elders you serve.

In this issue, we are excited to share some clinical outcomes by PEAK level. To study clinical outcomes we used publicly available MDS data. We looked at all of the quality measures.

Key study findings:
- Major depressive symptoms declined by 42% from stage 0 (non-participants) to stage 4 (levels 3-5). Declines in major depressive symptoms start as early as the foundation level of the program.
- Low-risk residents with pressure ulcers declined by 38% from stage 0 (no-participants) to stage 4 (levels 3-5). Declines in low-risk residents with pressure ulcers start as early as the foundation level of the program.
- Residents with an in-dwelling catheter declined by 34% from stage 0 (non-participants) to stage 4 (levels 3-5).
- Residents with urinary tract infections declined significantly. The largest decline was seen between stage 0 (non-participants) and stage 3 (level 2).
- Low risk residents with an incontinent episode showed a significant decline in the early stages of the program (foundation- level 2) but not at stage 4 (levels 3-5).
- Residents on antipsychotics showed a significant decline from stage 0 (non-participants) to stage 3 (level 2). No other levels of the program showed significant changes as compared to non-participating homes. This measure was the most difficult to interpret and remains ambiguous.
- Residents reporting moderate to severe pain increase mildly from stage 0 (non-participants) and stage 1 (foundation) and stage 2 (level 1). There were no significant changes in the upper level homes. A possible reason for this is residents begin feeling more comfortable expressing pain and staff are more adept at identifying pain as they begin to build deeper relationships with residents.
Note: The study did control for confounding variables (such as ownership status, Medicaid rates, resident acuity level, etc.) through propensity scoring. An outside statistical expert, Linda Hermer, Ph.D., performed this analysis.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Corresponding PEAK Level(s)</th>
<th>Description / Criteria for Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 0</td>
<td>None</td>
<td>Not participating in PEAK 2.0</td>
</tr>
<tr>
<td>Stage 1</td>
<td>Foundation</td>
<td>Undergoing year of structured education and training, developing action plan</td>
</tr>
<tr>
<td>Stage 2</td>
<td>Level 1</td>
<td>Adopting PCC in 4 program areas</td>
</tr>
<tr>
<td>Stage 3</td>
<td>Level 2</td>
<td>Adopting PCC in 8-12 program areas</td>
</tr>
<tr>
<td>Stage 4</td>
<td>Levels 3-5</td>
<td>Sustaining adoption of PCC in all 12 program areas</td>
</tr>
</tbody>
</table>

Chart 1: Stage vs. PEAK level (Note: For analysis of the data, we converted levels into stages.

Following are graphs and charts further highlighting the results. Note that asterisks (*, **, *** ,****) indicate level of statistical significance. The more asterisks, the greater the statistical significance.

![Depressive Symptoms Chart](chart.png)
If you enjoyed these results please look for live presentations in the near future of this information and also clinical outcomes associated with person-centered care implementation. We are working with the associations to present webinars and sessions at conferences in the coming months.