PeaK 2.0

SEPTEMBER 2017

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This newsletter is brought to you by the Kansas State University Center on Aging through a grant from the Kansas Department for Aging and Disability Services.
I just spent the last five days at the county fair with my children. For my kids, the fair is a culmination of the work they have done throughout the year. It is a time of utter joy and excitement to see a project they worked hard on do well and complete disappointment when a project doesn’t do well. Reflecting on the fair reminded me of the ups and downs of implementing change. Sometimes an action step goes better than you ever imagined, but sometimes an action step bombs. Just because one step (or fair project) goes poorly, does not mean that all efforts are lost. As Winston Churchill once said, “Success is not final, failure is not fatal: it is the courage to continue that counts.” As you carry out your PEAK work this year, I encourage you push past disappointments, celebrate successes and continue on; the rewards are closer than you think.

Laci J. Cornelison,
PEAK 2.0 Project Coordinator

“When you start on a long journey, trees are trees, water is water, and mountains are mountains. After you have gone some distance, trees are no longer trees, water no longer water, mountains no longer mountains. But after you have travelled a great distance, trees are once again trees, water is once again water, mountains are once again mountains.”

– Ch’ing-yuan, The Way of Zen

Personhood and Dementia Event

Are you a caregiver, family member or friend to someone with a type of dementia? Do you feel like you are running out of ideas on how to support them? Are you interested in learning new ways to engage them in meaningful pursuits? Looking for ways to lessen your stress?

Personhood and Dementia, a FREE workshop sponsored by the K-State Center on Aging, might be for you!

Recent publications have shown the creative arts to be an avenue for continued growth, focusing on the positive potential and personhood of people with dementia while also reducing caregiver stress. This one-day workshop features Gary Glazner, founder of the Alzheimer’s Poetry Project. You will learn easy to use, take home techniques for connecting with your friend or family member.

Join us Thursday, November 2, 2017, 9:00 a.m. – 3:00 p.m. at the Bluemont Hotel, 1212 Bluemont Avenue, to experience the power of your own creativity and see how it connects you to others. The event is FREE and NO registration is required. Bring a friend or two and enjoy an engaging day of learning!
Best Practices

PEAK 2.0: Level 4 Home – Sustained Person-Centered Care
Location: Shawnee, KS Number of Beds: 78
Ownership: For-Profit, Family Owned

Quality: Received a zero deficiency survey in 2016, has a 5 star rating, and in 2014 received a National Silver Quality Award from the American Healthcare Association that is based directly on the Malcolm Baldrige Quality Criteria.

Sharon Lane Health Services believes the best approach to providing a caring environment for residents is through a team approach. The way we live out the team approach is through better care for residents through getting to know them as a person and their history, as well as staff providing support for each other and working within the same community or resident neighborhood. The PEAK program has motivated us to not only look at all aspects of care but also pushed us to be as innovative in our approach as possible. Here are some of the best practices that have come out of our work:

**Supporting Resident Sleep Patterns**

We were very hesitant to move forward with the uninterrupted sleep core, primarily because we were worried about skin breakdown. We decided a simple approach would be best. Our action plan consisted of two main things: 1) Utilizing “Fit Right Restore” nighttime briefs for those residents with incontinence. Our goal was to decrease leakage and wick away wetness as much as possible to allow for uninterrupted sleep at night. 2) Be more diligent to know each resident’s sleep preferences, even during the day.

Residents sleep pattern and preferences for napping were discussed with each resident, their representative, and direct care staff to develop an individualized care plan. An example of an individualized care plan would be to not disturb residents sleep unless requested or prefers not to be disturbed at night, toilet at bedtime, upon rising and upon resident request. An area we recognized that needed to be addressed during our assessments was our routine of waking residents from their nap to attend an activity. Other examples that have been part of our implementation of ensuring uninterrupted sleep are: keeping lights down low at night, staff awareness of noise level, utilizing flash lights at night, and hotel style do not disturb signs for residents to place on their door handle.

The primary change was use of nighttime incontinent products and a focus on the individual sleep preferences to assure uninterrupted sleep at night and better rest during the day. With these changes we experienced no increase in skin breakdown (which we were worried about) and a decrease in falls by 50%, without any interventions to reduce falls. We feel like the reduction in falls is due to well-rested residents resulting in stronger, more stable residents. This was an unanticipated benefit of supporting individual sleep patterns.
Bathing without a Battle

Bathing was one of the more complex issues for us to solve. We started by talking with residents and families to get their input, which led us to some steps that staff took with each resident. We had to recognize that behavior symptoms around bathing could be a result of several things. These included (but are not limited to):

- Privacy Issues
- Fear of getting undressed and being undressed in an unfamiliar place with a staff member present
- Fear of falling
- Pain
- Anger due to not being able to take care of oneself
- Being too hot or too cold
- A mismatch with the caregiver

Understanding the resident, their preferences and fears, and underlying reason(s) for a response to bathing is VERY important!

Staff had to recognize the importance of understanding the potential causes for behaviors with bathing and talk with the resident. This could be brought up just as a general topic or questions such as; how was your day?, or how is your daughter? Or how was breakfast, lunch or dinner? Be engaged with the resident. An example we've experienced, is that staff would approach a resident with general conversation, talking about the weather, or what's on the schedule for the day and how nice a particular outfit is and then would proceed to ask if she would like a warm washcloth to wipe his/her hands and face. This would then lead to conversation about a bath. If there is an understanding of the fears and concerns the resident has then assuring them how you will lessen those concerns is appropriate. Our staff found this approach to be much more successful than walking into the resident's room and telling them it's time for their bath.
NAHCA, National Association for Healthcare Assistants, is an organization that’s mission is to elevate the professional standing and performance of Certified Nursing Assistants through recognition, motivation, education, and development.

NAHCA offers multiple programs one of which is the NAHCA virtual Campus of Care. This enables skills and capabilities. CNAs can get online and take classes to improve their skills. CNAs are whole people. With this fact in mind, NAHCA developed course content that is intended to help CNAs personally, professionally and organizationally. The courses are divided into five major categories: clinical, elective, exclusive, general, and required education. The clinical education courses are designed to build upon the foundation from the CNAs initial certification course and to advance their clinical knowledge. The general education courses are delivered to enhance inter-personal skills like; leadership, teambuilding, communications and conflict resolution. The required education content is presented to help the CNA stay in compliance with regulations for mandatory annual education requirements.

The web address for the National Association for Healthcare Assistants is: https://nahcacareforce.org

Sharon Lane utilizes this virtual campus and has tied it to a career ladder with opportunities to increase pay as much as a $1.25 per hour in addition to $200 in gift certificates. Upon satisfactory completion 39 units within 6 months the Certified Nursing Assistant receives an increase in their hourly wage of $0.25 cents and upon completion of module 1 (by the end of the first year) the Certified Nurse Assistant will receive $50 gift certificate and a $0.25 cents increase in their hourly wage. Certified Nurse Assistants then complete Modules 200 (47 units), Module 300 (4 units) and Module 400 (10 units. When the Certified Nurses Assistants completes each of the remaining modules (200-400) they will receive a $50 gift certificate and $0.50 cents increase in their hourly wage. The modules 200-400 must be completed by the end of the second year. Upon completion of all modules Certified Nurse Assistants will be titled as “Geriatric Care Specialist”.

In addition to the above, Certified Nurse Assistants that wish to become a preceptor must apply with the Director of Nursing, be approved for the preceptor course which requires the above modules to be successfully completed, be in good standing, and have a positive attitude. The preceptor course is twelve hours of video lessons, 9 modules with quizzes, and an essay to evaluate applied learning. Once the preceptor course has been completed successfully the Certified Nurse Assistant will receive a .50 cent hourly increase, a $100 gift certificate and be able to train new staff.

Sharon Lane is committed to continue to be innovative and progressive with the ideas of the PEAK program because our residents deserve it!
Resident Choice & Regulations: Did you know?

As person-centered care is implemented, it is important to consider how it fits within regulations. The PEAK 2.0 criteria in the domain Resident Choice states several times that residents should have a choice about their schedules pertaining to bathing, eating, getting up and going to bed, etc. Did you know that F-tag 242 Self-Determination states that residents have a right to make choices about their schedules? This is a great fit with the PEAK criteria.

The CMS State Operations Provider Certification Manual states:

“Residents have the right to have a choice over their schedules, consistent with their interests, assessments and plans of care. Choice over ‘schedules’ includes (but is not limited to) choices over the schedules that are important to the resident, such as daily waking, eating, bathing, and the time for going to bed at night. Residents have the right to choose health care schedules consistent with their interests and preferences, and the facility should gather this information in order to be proactive in assisting residents to fulfill their choices. For example, if a resident mentions that her therapy is scheduled at the time of her favorite television program, the facility should accommodate the resident to the extent that it can. If the resident refuses a bath because he or she prefers a shower or a different bathing method such as in-bed bathing, prefers it at a different time of day or on a different day, does not feel well that day, is uneasy about the aide assigned to help or is worried about falling, the staff member should make the necessary adjustments realizing the resident is not refusing to be clean but refusing the bath under the circumstance provided. The facility staff should meet with the resident to make adjustments in the care plan to accommodate his or her preferences.”

What a great example of how the regulations support person-centered care! As always, be sure to get in touch with our team or Shirley Boltz, at KDADS if you have questions. We are happy to help support your implementation efforts.
KCCI Domain Score Summaries by Level and Year

Each year six people from each home take the Kansas Culture Change Instrument (KCCI) survey at the beginning of each year the home participates in PEAK 2.0. The results of this survey are provided to homes at the same time action plan feedback is emailed out. Homes get information about how their score compares with all other homes in the program (the average of all participating homes). In this article, we provide you with more information about how your scores compare to others at your level and over different years of the PEAK program. The graphs that follow represent the different areas surveyed (including Resident Choice, Staff Empowerment, Nursing Home Leadership, etc.) and include average scores by PEAK 2.0 level and year.

Three key highlights from this information include: 1) KCCI scores in each domain go up by level in most areas and years. 2) The staff empowerment domain remains the lowest scoring area of all the domains while resident choice remains the highest scoring area. 3) Upper level home scores have been trending down from 2014-2017. The first two findings are an expected outcome. The KCCI was designed to measure level of adoption of culture change and the outcomes here validate that the tool does in fact measure level of adoption of culture change since lower level homes score lower on the survey and upper level homes score higher. The staff empowerment domain, since the inception of PEAK 2.0 has been the area where homes struggle the most and resident choice has been an area where homes excel. This data reinforces what we are experiencing. The third finding is harder to explain. Why are upper level home scores trending down in all categories? Our prediction is that sustainability of practices may underlie the trend. What are your thoughts? What can be done to reverse this trend? We would love to hear your predictions after looking at the findings. Email us with your thoughts: ksucoa@gmail.com

![Residents Choice Graph]

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