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“Security is mostly a superstition. Life is either a daring adventure or nothing.” – Helen Keller

Whew! Another PEAK evaluation year is under way and coming to a close soon. As you begin your action planning for next year, we encourage you to use the full range of resources available on the PEAK website. We are also excited for you to connect with other homes that have already implemented practices in the areas you are working on. In this newsletter, we feature two homes and their practices around specific portions of the Daily Routines and Decision-Making Staff Work core areas. We are happy to connect you with other homes that have best practices in the areas you are working on. Do not hesitate to call us.

The other very important part of action planning is working through the regulatory implications of the person-centered changes you make in your systems. Many of the new regulations support person-centered care very nicely, but even so, it is important to consult the regulations as a step or steps in your action plan. Shirley Boltz from KDADS and I plan to include some articles on the subject of PEAK 2.0 and regulatory implications in both the Sunflower Connection and this PEAK 2.0 newsletter over the next year. If you have any specific questions or topics you would like us to focus on, please email us with them.

“A wise man adapts himself to circumstances, as water shapes itself to the vessel that contains it.”

– Chinese Proverb

Laci J. Cornelison,
PEAK 2.0 Project Coordinator

Best Practices

PEAK 2.0: Level 3 Home- Person-Centered Care Home

Location: Arkansas City, KS

Number of Beds: 60 (45% Medicaid)

Ownership: Not-for-Profit, Chain, CCRC

Quality: This home has received 5 zero-deficiency surveys in the past 15 years.
Direct Care Staff Involvement in Care Plans

Each resident has an individualized plan of care based on information gathered from residents, their families and from the direct care staff that work closely with them daily. We recognize that direct care staff members are invaluable to the care plan process and their feedback and insights are key to capturing the resident’s individual needs.

In our home, we gather preference, routine and resident interests prior to move-in (upon if it is not possible to get it ahead of time). The original care plans are written based upon the initial information and what the resident’s routine was prior to the illness or injury that brought them to us. However, we all know when resident’s health conditions change, their individual preferences, routines and interests could change, as well. Our goal is to provide adaptations and accommodations for the residents to continue what they desire. As their preferences change, their individualized care plan changes to support these changes.

Often, the resident voices these changes to the direct care staff members as they work with the resident daily, not in a formal care plan meeting. Other times the direct care staff members observe these changes when the resident is no longer able to communicate with staff. We rely on the direct care staff to know what the residents need, how the residents are changing, and how best to meet the residents’ needs/preferences. The plan of care is not a document set in stone. It is always evolving based on several factors including residents’ abilities, mood and cognition. Sometimes changes can occur daily and the expectation of staff is to adapt to these changes daily, encourage residents to do as much for themselves as possible and support them when needed.

To capture evolving changes to the individualized care plan, direct care staff are empowered to communicate these changes to their team (peers and upper level management). In our home, we do not require staff, families or residents to go through a formal meeting process to implement changes to the plans of care.

We understand that needs change and care plan revisions must be implemented quickly and so we have established two avenues which changes can occur:

- **“Open Door Policy” for Direct Caregivers:** Direct caregivers, residents and families are encouraged to openly discuss concerns with the care plan team anytime. They do not have to wait for a formal invitation or meeting to be scheduled.

- **Care Plan Change Form:** A carbon copy form that staff can complete at any time. One copy is posted in the breakroom on a bulletin board to communicate changes immediately to all staff. The other is given to social services, who ensures that the “official plan of care” is updated based on information provided by the direct care staff member.

Inclusion of direct caregivers in the care plan process both within the care plan meeting itself and developing a process of communicating changes has greatly improved our ability to meet resident’s individual needs and preferences.

(Below) Sample of the Care Plan Change Form

```
Care Plan Revision Form.
Name of Resident,
What Change needs to be made to Care Plan?

Caregiver_________ Date_________

Carbon Copy – place on breakroom bulletin board
Original – place in Social Services box
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Best Practices (Cont.)

PEAK 2.0: Level 4 Home-Sustained Person-Centered Care Home

Location: Leonardville, KS

Number of Beds: 59

Ownership: Not-for-Profit

Leonardville Nursing Home, located in Leondardville, KS, is a nonprofit-church related organization licensed for 59 elders. In 2017, we became a PEAK Sustained Person-Centered Care Home. We are continually building a family oriented community where people are valued, loved and respected. The vision for Leonardvillle Nursing Home is to create home and community, placing value on the individual’s dignity and preferences.

Staff Empowerment

Since we started our PEAK journey, our organization has changed in many ways. The development of teams empowered to make decisions about their work led to possibilities we never expected. We have learned that teamwork is critical to implementing and maintaining person-centered care practices and that to truly be person-centered the team must be able to make on-the-spot and strategic decisions to support elders. We discovered natural leadership abilities in some of our staff and learned that those closest to the elder or situation make the best decisions.

Early in our journey, we divided into three neighborhoods and developed neighborhood teams. The teams are composed of consistent caregivers and a team leader that was selected by the group. Together they self-schedule their work hours, coordinate time off, make decisions with the elders about neighborhood needs and resident care and represent their neighborhood in organization-wide decision-making processes. Each neighborhood team has adopted different strategies but the result in all neighborhoods is the same. Top down hierarchy has been eliminated and the team is empowered.

The teams have taken over responsibility for most of the decisions in the organization. This practice highlights the changes from top down decision-making to empowered team decision-making in our hiring practices. Prior to our involvement with PEAK, we had the standard hiring systems that were heavily reliant upon administration. The business office and department managers were the key players in hiring decisions. Today, administration is pretty much hands-off in the process and the neighborhood teams, along with the elders, take the lead.

Here’s a bit more on how our process works. Completed applications are given to the business office so they can be checked to make sure licenses and certifications are current. Once that is checked, they go into a file. When a neighborhood determines a new team member is needed, they access the file and, as a team, decide which applicants to interview.

The team makes contact with the applicants, arranges and conducts the interview and collaborates to make the decision about who is invited to join their team. They also make the phone call to extend the employment offer. The elders of the neighborhood are involved in the interview process and hiring decisions, as well.

From interview through on-boarding and orientation the neighborhood team supports and guides the team member.

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Each team has chosen a person that takes the lead on getting the new staff member oriented to the neighborhood.

Our team-led hiring and orientation has been very effective. The teams get a feel for fit during interviews and can select candidates they believe would work well. It has also created a sense of ownership and the teams really want the new members to be successful since they are invested. The teams working with the elders to hire new staff has been a really fun process to watch and they are tough interviewers!

This process didn’t happen overnight and resources had to be developed to support the teams. The role of administration transitioned from one of decision-making to one of resource bearing and support. Trainings, guides and checklists were developed to ensure the teams were prepared to be successful with hiring and orientations. These resources include information on questions that can or cannot be asked in an interview, a hiring process check-list so proper paperwork can be completed and an orientation process for the team to follow. Following this article is an example of the checklist that is completed for direct care staff hired into a neighborhood. A full packet can be requested directly by contacting the team at Leonardville Nursing Home.

Developing teams and getting them prepared to make decisions does require time and energy but the outcomes are well worth it. When visiting with the teams about what to share in this article one staff member shared that the team doesn’t have to ask permission to do what the elders want. For us, this is what it’s all about. With empowered teams, elders wants and needs can be fulfilled in the moment!

We’ve gone from a top down structure to one where the team makes decisions about all aspects of their work and the care of the elders. Sometimes administration is the last to know about decisions and that is ok since the teams are well equipped to make decisions. The LNH Orientation Checklist for Neighborhood Direct care Staff, which is facilitated by the Orientation Guide for the Neighborhood, can be found on the pages that follow.
NEIGHBORHOOD ORIENTATION

___ Tour of Neighborhood
___ Location of work space and supplies
___ Location of work schedule
___ Process to arrange time off
___ Staff contact lists
___ Team lunch and breaks/ how they are scheduled in this neighborhood
___ Describe the Roles/Responsibilities of team members and introduce to others
___ Introduce to immediate coordinator/supervisor
___ Specific examples of versatile workers vs. traditional roles in this neighborhood
___ Expectations for this employee re: versatile work
___ Who to go to for questions
___ Meetings the employee is required to attend
___ Location and schedule of these meetings
___ Learning circle guidelines for meetings
___ Meeting roles used in our meetings
___ Daily routine in the Neighborhood

MEET WITH LIFE ENHANCEMENT GUIDE:

___ How scheduled activities are determined
___ Location of activity calendar
___ Spontaneous activities
___ Team responsibility for Life enhancement
___ Expectations for this employee to contribute to LE
___ Discuss personal interests of the new employee
___ Discuss ideas/ways the employee can contribute to LE in the neighborhood
MEET WITH NEIGHBORHOOD DINING GUIDE:

- Review LNH Dining services orientation
- Review Resident Choice r/t Food
- Review Neighborhood Meal Service procedure
- Review Unintentional Weight Loss policy
- How to record intake in Caretracker
- Review Completing Neighborhood Dining audits
- Review Dining and Persons with Dementia
- How to record refrigerator temperatures

MEET WITH THE NEIGHBORHOOD HOMEMAKER:

- Cleaning checklists
- Use of cleaning supplies
- Location of cleaning supplies

MEET WITH SOCIAL SERVICE GUIDE

- Resident rights
- About Me Books
- Resident Care plans

RESIDENT ORIENTATION

- Introduce to each resident
- Review individual resident preferences/routines and care needs of each resident living in the neighborhood
- About Me books
GENERAL ORIENTATION

To be completed with ALL hires

_____ Review employee handbook and answer any questions

_____ Complete Acknowledgment of Receipt of Employee handbook

_____ Complete Confidentiality agreement

_____ Complete Acknowledgment of Hazard Communication training

_____ Review completed Hazard Communication quiz

_____ Location of emergency eye wash stations

_____ Watch Basic Food Safety Video and complete quiz

_____ Submit Quiz and Acknowledgments to the Administrative assistant

_____ Provide employee copy of their orientation and work schedule

_____ Provide employee copy of orientation checklists

_____ Schedule One Day Person Centered Care training for ________________ (date)

_____ Schedule employee for Transportation training

EMPLOYEE SIGNATURE: ____________________________________________

ORIENTATION GUIDE SIGNATURE: _________________________________

DATE: __________________________________________________________