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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.
Notes from PEAK 2.0 Coordinator

As I converse with participating homes, go to meetings and read various reports it is clear to me that this has been a tough year for nursing homes. Some of the challenges include the new CMS regulations, the survey climate, funding challenges and increasingly diverse competition. These are times when it feels easy to give up. Despite these challenges you are still here voluntarily participating in a program to improve the quality of your home for residents.

Based on the PEAK experience survey results, the top two motivators for participating in PEAK include improving the quality of life for residents and your conviction that person-centered care is the right thing to do. I am here to encourage you today that these important things are your goals and the PEAK team is here to help you achieve them.

Do not be weighed down by the heavy challenges. Be motivated by the benefits that come from applying the PEAK criteria to your organization. This issue of our newsletter features many different resources that are available to aid you in achieving your short-term goals for the year. Our team is also here to help you, so do not hesitate to pick up the phone and call to work through challenges that come up along the way. We have increased capacity to work more individually with your homes than ever before.

Laci J. Cornelison,
PEAK 2.0 Project Coordinator

Resources Available on the PEAK Website

The number one comment noted on the PEAK experience survey was that participants were not aware of the resources that were available to them for their PEAK work. Don’t forget to check out the PEAK website to see all the available resources to aid in accomplishing your goals this year: http://www.he.k-state.edu/aging/outreach/peak20/

PEAK Advisory Team Accomplishments: 2017-2018

PEAK is a KDADS program that contracts with Kansas State University Center on Aging to administer the activities of the program. The KDADS team leads the advisory team; 2017-18 was the first year for the advisory team.

Advisory Team Members: Codi Thurness, Shirley Boltz, Trescia Power, Melissa Warfield, Laci Cornelison, Angela Moore, Jeffery Ritcha, Anita Winkel, Barbra Hickert, Bobby Handshy, Leanna Chaffee, Michael Rajewski, and Peggy House
(Cont.) Accomplishments for 2017-18:

The team met monthly and reviewed all 12-core areas of the PEAK criteria.

Criteria changes based on the PEAK Advisory team’s recommendation:

Domain #1, Core #4 Daily Routines:

“Direct caregivers have access to a system that allows them to communicate care plan changes as directed by residents.”

This previously read, “Direct caregivers make revisions to care plans as directed by residents.”

Additions made to the Core Considerations based on the advisory team’s recommendations:

Domain #1, #3 Bathing:

Added description of how it is evaluated, “90 percent of all staff certified to give baths (CNAs, CMAs and nurses) who are scheduled weekly should be trained. Seasonal PRN staff are excluded.”

Domain #1, Core #4 Daily Routines:

Language changed to match criteria language change.

Domain #2, Core #1 Relationships:

Added a description of how no scheduled rotation is evaluated, “This is evaluated by calculating the total number of staff on the schedule (excluding PRN and overnight staff) and then determining how many work in more than one work area. The home must have 75 percent of their staff work in the same work area and only 25 percent working in more than one area to meet the criteria.

Domain #2, Core #2 DM Resident Care:

Added a description of how training is evaluated, “This is evaluated by looking at the percentage of staff that has been trained in the last year on the topic of risk; 90 percent of ALL full-time and part-time staff who are on the schedule every week should be trained. Seasonal and PRN staff are excluded.”

PEAK 2.0 Worksheets to Aid with Action Planning:

The team noted that action planning is a difficult process. The PEAK 2.0 team developed an action planning worksheet
Pioneer Network - A Perspective on the “Mega Rule” Survey Process

Kansas is not the only state working through the implementation of the new CMS regulations. In a recent blog article found on the Pioneer Network website, Keith Schaeffer writes about a Pennsylvanian home's perspective on the changes.

(Schaeffer, Keith, 2018; https://www.pioneernetwork.net/grow-a-culture-of-critical-thinking-to-calm-survey-angst/)

Grow A Culture of Critical Thinking to Calm Survey Angst

Keith Schaeffer, Writer, Action Pact eLearning

Anxiety over the new Mega Rule survey process that examines caregivers’ critical thinking skills may have some long-term-care providers on edge, but not at Garden Spot Village in New Holland, PA.

“Our focus on critical thinking and empowering staff over the years in working with Action Pact has put us in better position,” says Steve Lindsey, CEO. “Getting everyone involved, not just assigning tasks but helping them understand the big picture, the issues, and how to make decisions has created a high level of critical thinking throughout the organization.”

“We really appreciate that Action Pact’s is not a cookie cutter, pre-formulated approach,” says Lindsey. “It’s a journey of learning together and shaping something that is different for each organization’s culture.”

Garden Spot Village operates six skilled nursing households, each with its own culture shaped by those working and living there. Staff’s critical thinking abilities enable them to weigh carefully what they want to do while understanding it within the context of the regulatory environment and the lives of the people they serve, says Lindsey.

But most care homes leave critical thinking to the leadership, middle management, and nurses, says Norton. CNAs and others are simply told what to do, often without understanding the importance or context of their tasks within a person-centered, resident-directed culture.

But now, CMS expects hands-on caregivers to be critical thinkers, as well.

All staff must know about the new survey requirements and their organization, residents, and services provided, and how to use that knowledge to better serve the residents. Do they know what to do when an incident occurs … that pudding should not be offered to Vivian because she is allergic to eggs … or that serving George dinner in his favorite nook outside the usual dining areas still requires proper hand hygiene and food safety practices?

Nurses develop critical thinking in college and in clinical training while going through a process of study, discussion, practice, feedback, reflection, further study, and more discussion. CNAs and other hands-on caregivers rarely get the opportunity.

“If we really expect them to think things through, know how to collaborate as a self-led team, and make decisions, then let’s give them the time, information, and education to develop critical thinking,” says Norton.

Person-centered environments with permanently-assigned, cross-trained staff working in teams to serve small groups of residents naturally enable caregivers to know the elder’s needs and desires well.
(Cont.) How does this fit with PEAK? Reading this article may feel like critical thinking is just another task to add to the overwhelming list. Instead, I hope you see that this article speaks to staff empowerment, in which PEAK has a whole domain on this issue. The home in this article uses staff empowerment to equip direct care workers and others to develop the capacity to address the new regulations. As you work through PEAK you are enhancing your organization’s ability to meet the new demands of the future and benefiting residents though developing staff’s capacity to deliver person-centered care.

Bathing Alternatives - A Guide for Caregivers

One of the most commonly unmet areas of the bathing core is supporting bathing alternatives. A common thing we hear from homes is that direct care staff coax difficult residents into getting a bath or shower despite resistance (biting, hitting, screaming, etc.) to these methods. Upon further probing, direct caregivers have not tried alternative bathing options such as the towel bath, seven-day bath, toilet or commode bath, under-the-clothes bath, or basinless bath. Often the home has the capacity to offer these alternative methods but they are under used.

The PEAK team has developed a guide for direct caregivers and care teams, designed to remind caregivers of these alternatives when they are faced with a resistant resident. Along with this pocket guide is a description of how the methods work. Below is a summary of the guide, including where to find it on the PEAK website.
A description and basic instructions for each of the listed bathing alternatives are found at: http://www.he.k-state.edu/aging/outreach/peak20/pcc-resources/resident_choice/bathing-resource.pdf

Printable versions of the above postcard can be found at: http://www.he.k-state.edu/aging/outreach/peak20/pcc-resources/resident_choice/bathing-alternatives.pdf

OR

http://www.he.k-state.edu/aging/outreach/peak20/pcc-resources/resident_choice/bathing-alternatives-postcard.pdf