PEAK FOUNDATION WORKBOOK

QUALITY IMPROVEMENT THROUGH PERSON-CENTERED CARE

2025-2026

PEAK is a
Medicaid pay-for-performance program
offered through the
Kansas Department for Aging and Disability Services
and administered by the
Kansas State University Center on Aging.

Kansas
Department for Aging and Disability Services
PEAK

KANSAS STATE UNIVERSITY
College of Health and Human Sciences
Center on Aging

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The development of Peak materials was supported by the Kansas Department for Aging and Disability Services through a Title XIX contract and matching funds provided by Kansas State University.

THE TEAM

The Kansas Department for Aging and Disability Services partners with Kansas State University to administer PEAK 2.0. Listed below is key information to access program assistance and information.

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PEAK OVERVIEW

Background:

PEAK (Promoting Excellent Alternatives in Kansas) started in 2002 as a recognition and education program to encourage providers in Kansas to adopt culture change. Kansas State University's Center on Aging has a long history with PEAK. The Center was responsible for development of the culture change modules, some of the first written materials on culture change.

In 2011, PEAK was revised and became PEAK 2.0, a Medicaid pay-for-performance program to financially incent implementation of person-centered care. This change was made to quicken the adoption of person-centered care in the state. Participation in the program increased substantially with the shift to the pay-for-performance model.

PEAK Now:

In 2023, KDADS released a revision of the program. PEAK: Quality Improvement through Person-Centered Care, was born out of the PEAK Advisory Group and approved through multiple nursing home stakeholder groups. The program remains a Medicaid pay-for-performance program to incent person-centered care practices. The program now features faster escalating per diems and greater flexibility in moving through program levels. All program resources have a new look and are easier to navigate content.

Program materials now feature an interactive, navigable PDF that includes multiple resources in one document. The Kansas State University Center on Aging team continues to administer the program through a contract with the Kansas Department of Aging and Disability Services and is your partner to a successful person-centered care journey.

WORKBOOK OVERVIEW

The KSU Center on Aging PEAK team would like to be the first to welcome you to PEAK. We look forward to working with you as you begin or continue your person-centered care journey.

This workbook contains information you will need to work through the Foundation Level of the PEAK program. In this portion of the program you will work to create the “Foundation” necessary to begin your person-centered care journey.

All of the learning opportunities are intended to help you develop an organizational structure that supports person-centered care. There are opportunities to address various tasks with a team approach. The experience of this process will become important to your future success. This team approach will involve others in the journey and help empower staff members to support resident decisions with person-centered care.

As a team you will work to develop your own leadership skills, explore leadership potential in others and learn to use various basic team “tools” to keep you on track. You will then provide education to the team members in your home on person-centered care and the KDADS program criteria before finally developing your specific plan to begin implementation of person-centered care in your home. The implementation portion will happen when you move to level 1 in the program.

The workbook contains handouts that accompany the various training sessions. It will be helpful to have these handouts available for virtual Zoom meetings and off-site activities. You will also find assignment instructions, worksheets, and sign-in sheets needed to complete the assignments.

All virtual meetings will be conducted via the video conferencing software Zoom, which can be obtained via the instructions found on page 6 of this workbook.

We will discuss most of the assignments in Zoom meetings, but if you are instructed to submit an assignment to the KSU Center on Aging office you can scan and send it to us through:

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ksucoa@gmail.com

Mail:
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253 Justin Hall
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785-532-5504
Attn: Center on Aging

TIMELINE: THE FOUNDATION

April 15, 2023	• Enrollment Deadline
July 2023	• Incentive payment begins • Home receives correspondence from the PEAK team with instructions for the virtual Zoom meetings and scheduling instructions for training dates • Home participates in a technology test to prepare for 1st Zoom meeting
August 2023	• Home participates in 1st virtual meeting: Orientation to the program • Assignment #1 distributed
September 2023	• Home participates in Zoom meeting #2 • Assignment #1 due • Assignment #2 distributed
October 2023	• Home participates in One Day Mentor Home Experience • Assignment #2 due
November 2023	• Home participates in Zoom #3 • Assignment #3 distributed
January 2024	• Home participates in Zoom #4 • Assignment #3 due • Assignment #4 distributed
February- March 2024	• Work on assignment #4
March 2024	• Home participates in Action Plan Coaching Calls • Assignment #4 due • Assignment #5 distributed
April 15, 2024	• Home submits Action Plans to the PEAK team via email (Assignment #5- Action plans prepare your organization for the work in the next fiscal year of PEAK 2.0)

ZOOM INSTRUCTIONS

What is Zoom?
Zoom, the cloud meeting company, unifies cloud video conferencing, simple online meetings and mobile collaboration into one easy-to-use platform. It offers video, audio and screen-sharing quality across Windows, Mac, iOS, Android and H.323/SIP room systems.

What You Need To Get Started
An internet connected computer, laptop, or device
Your meeting ID #
Speakers and a microphone – built-in USB plug-in, wireless Bluetooth, a phone (if you're unable to receive audio via your computer, laptop, or device)

Where do I find the desktop or mobile app?
If connecting via computer it is necessary to download the Zoom software. You can click on the download footer link at https://zoom.us or directly from https://zoom.us/download

How to Launch Zoom and Participate in Your Meeting
When you're invited to participate in a Zoom meeting, you'll receive instructions from the PEAK 2.0 team via email. Within this email there will be a link to join the Zoom meeting that has been scheduled. You can either click on the link provided, or go to the Zoom web site and click on "Join a Meeting" where you can enter the 9 or 10-digit Meeting ID number. Audio is integrated in the meeting. However, you have the option to participate via audio-only if a web-connected device is not available. Please note that you must choose to either join the Zoom meeting via your audio enabled computer or call in with a phone line, not both.

Support
Zoom: Getting started tutorials
https://www.youtube.com/playlist?list=PLKpRxBfeD1kEM_I1lId3N_Xl77fKDzSXe

Zoom Support Center
https://support.zoom.us/hc/en-us

ZOOM MEETING #1 ORIENTATION

OBJECTIVES:

- Increase understanding of the PEAK program.
- Increase understanding of the PEAK Foundation education year.
- Learn about resources available through KSU PEAK website.

ADDITIONAL RESOURCES:

- Peak Website: https://www.hhs.k-state.edu/aging/research/peak20/
  - Peak Guidebook
  - Full Criteria
  - Training Videos
  - PEAK Contacts
  - Participating Home
  - Additional Resources
  - Podcasts

NOTES:

ASSIGNMENT #1
PERSON-CENTERED CARE CHANGE TEAM

INSTRUCTIONS

PURPOSE:

The purpose of this activity is to create a team of people to guide your home through the PEAK 2.0 program as you implement person-centered care. This core team will serve as the central leadership team in the process and will support and assist all individuals and teams in your home as you work through the program.

WHAT YOU WILL NEED:

- Copies of Considerations for Selecting a Person-Centered Care Change Team handout
- A copy of the Person-Centered Care Change Team roster

INSTRUCTIONS:

- Bring the team designated by the home together to discuss the formation of the person-centered care (PCC) change team.
- Review the Considerations for Selecting a Person-Centered Care Change Team handout.
- Discuss these considerations as a team being careful to allow ample uninterrupted time for everyone present to share their thoughts.
- After discussing the considerations begin suggesting possible team members and explain the basis of your suggestions.
- Have one person record the suggestions so everyone can see the list.
- Negotiate to make final selections.
- When selections are made discuss your plan to contact each team member selected for recruiting.
- Decide who will approach each team member.
- Schedule a time to re-group when recruiting is done.
- Meet with all selected members to determine a regular meeting day and time.
- Complete the Person-Centered Care roster.
- Have the roster available for your next Zoom meeting.
- Watch the prerecorded video that is emailed to you prior to Zoom #2.

CONSIDERATIONS FOR SELECTING A PERSON-CENTERED CARE CHANGE TEAM

NATURAL LEADERS VS. POSITIONAL LEADERS:

Find a balance here. Include some people currently serving in leadership roles but don't forget those "natural" leaders. Those people who display character traits of a good leader:

- Honesty
- Good role model
- Caring
- Committed
- Good listener
- Holds people accountable
- Treats people with respect
- Gives encouragement
- Positive enthusiastic attitude
- Appreciates people

WHO IS INTERESTED IN PERSON-CENTERED CARE?

- Do you have potential team members who are enthused about person-centered care?
- Do you have team members with previous experience with person-centered care?

SKILLS:

Think about the skills potential team members will bring to the team and strive for a variety of skills on your team. For example:

- Organization
- Creative thinking
- Resourcefulness
- Knowledgeable
- Motivated

REPRESENTATION:

Look for representation from different disciplines to get different points of view.
Consider people who work on different shifts, too. Think about all of the stakeholders. Who will be affected by change?

TEAM SIZE:

Keep in mind the size of your team. Avoid getting so large that it becomes difficult to pull the team together to work. This could slow the progress of the team.

PERSON-CENTERED CARE CHANGE TEAM ROSTER

	Members:
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
	Regular Meeting Time:

ZOOM MEETING #2

LEARNING CIRCLE GUIDELINES

- Everyone sits in a circle.
- A facilitator poses a single topic, issue or question.
- The facilitator asks for a volunteer to respond to the chosen topic.
- The person to their right or left shares next.
- Continue in that direction until everyone has had an opportunity to share.
- No cross-talk.
- No one interrupts the speaker in a circle.
- After everyone has a chance to share, general discussion may begin.

Notes:

Retrieved from:
https://www.pioneernetwork.net/wp-content/uploads/2016/10/Learning-Circle-Rules.pdf

WORK GROUPS

- Small group of people formed to explore ideas and problem solve.
- Does the groundwork by exploring an issue.
- Makes recommendations to the whole team.

Notes:

_____
_____
_____
_____
_____

MEETING ROLES

F*acilitator*

- Opens the meeting
- Leads the team through the agenda

Coach

- Encourages everyone to participate
- Keeps team focused and on track

Timekeeper

- Makes sure meeting starts and ends on time
- Watches the time allotted for each subject

Scribe

- Takes notes
- Updates the action plan

Notes:

_____
_____
_____
_____
_____
_____
_____

TEAM EXPECTATIONS

A few examples:

- Making a commitment to attend meetings
- Start and end meetings on time
- Complete assignments on time
- Treat each other with respect

Notes:

DECISION-MAKING IN TEAMS

Voting vs. Consensus

Notes:

ASSIGNMENT #2
DEVELOP TEAM EXPECTATIONS

INSTRUCTIONS

TO BE COMPLETED BY: Person-Centered Care (PCC) change team

PURPOSE: The PCC Change Team will establish expectations for each other and the team. This activity will help you think about behaviors that are essential to team success. Members will have an opportunity to discuss the idea of commitment to the team and to the team vision. A strong leadership team is the heart of the organizational structure necessary to support person-centered care. There is nothing more important at this stage of the journey so we encourage you to invest the time needed to establish a strong foundation.

WHAT YOU WILL NEED:

- A copy of the Assignment instructions
- A copy for each team member of the Questions for Team Expectations activity handout - A board or large piece of paper at the front of the room and markers

INSTRUCTIONS:

- The PCC Change Team will meet. Decide as a team who will serve in the following roles for this meeting.
  - *Facilitator*—Will lead the meeting
  - *Coach*—Will keep you on track and make sure everyone has a chance to talk.
  - *Timekeeper*—Will watch the time and keep the team moving forward.
  - *Scribe*—Will record ideas.
- The facilitator will distribute a copy of the handout to each team member and ask them to sit quietly for a few minutes to think about the questions.
- The facilitator will bring the group back together and have each team member share their answers to the questions. We encourage you to use the learning circle technique for this sharing time. The coach should remind people of the “no cross-talk” rule.
- The scribe will list the responses on a board or a large piece of paper at the front of the rom as team members are sharing.
- The facilitator will review the final list with the team. Merge similar ideas together and erase duplications.
- Divide the team into small work groups. Ask each group to take one group (or more depending on the # of items on the list) of similar subjects and write a statement that summarizes the expectation.
- Bring the group back together and have each small group share the statement(s) they wrote.
- The scribe writes these statements on the board.
- Discuss and revise the final list as needed.
- The scribe will type the final list and prepare copies for each team member for easy reference.
- Have a copy ready to share at the One Day Mentor Home Experience.
- Watch your email for a link to sign up for the One Day Mentor Home Experience.

QUESTIONS FOR TEAM EXPECTATIONS ACTIVITY

What qualities do we need to maintain an effective team?

What behaviors are needed to be a successful team?

What behaviors can we expect from each other as we work together?

How will we agree to treat each other?

How do I want to be treated?

ONE-DAY MENTOR HOME EXPERIENCE

INSTRUCTIONS

TO BE COMPLETED BY: A team of 4 people designated by the home including at least one direct caregiver (CNA or CMA).

PURPOSE: This “One-Day Mentor Home Experience” has been coordinated to provide you with a better understanding of the goals of the PEAK program. You will spend time in a Person-Centered Care home that meets the KDADS criteria for the PEAK program. You will have the opportunity to talk directly with providers and people living in these homes. You will see and feel person-centered care in action. We will also talk about the expectations of the program and you will receive training on the KDADS criteria for the PEAK program.

WHAT YOU WILL NEED: Bring copies of the KDADS Criteria for each participant.

We will coordinate the schedule for this experience with you via email. You will have an opportunity to express your schedule and location preferences to us. Watch for email communication.

INSTRUCTIONS:

- Watch your email and respond to our request for your schedule preference.
- In an effort to minimize the disruption to people living in the mentor homes, we will limit the number your home can bring to four (4). Each home is required to bring four (4) team members including one direct care staff member. The one-day experience will be scheduled on a first-come-first-serve basis, so we recommend you respond quickly with your preference.
- Homes that do not respond with their preference by the designated deadline will be assigned to a training date and location.
- You will receive the final schedule for the one-day mentor home experience via email.

ZOOM MEETING #3

VALUE OF TEAM PROCESS

Notes:

DECISION MAKING BY CONSENSUS

Notes:

ASSIGNMENT #3
TRAIN ALL STAFF ON PERSON-CENTERED CARE

INSTRUCTIONS

90% of all staff in your home will watch the Person-Centered Care (PCC) Training video produced by PEAK. The thumb drive is included with the workbook or the video is available online at: http://www.hhs.k-state.edu/aging/outreach/peak20/pcc-resources/

TO BE COMPLETED BY: The entire staff

PURPOSE: The purpose of this assignment is to introduce your team to the idea of person-centered care and to create a shared understanding of it. The staff will begin talking about person-centered care and this will give you an opportunity to talk about the vision for your home.

WHAT YOU WILL NEED:

- A copy of the Person-Centered Care Training Video sign-in sheet
- The total number of employees in the home
- A copy of the PEAK Person-Centered Care Training Video

INSTRUCTIONS:

- We recommend a few members of the PCC Change Team form a small work group to coordinate this assignment.
- Determine how you will make this training available to the staff in your home.
- Develop a training schedule that offers this training on different days and at various times throughout the day and evening.
- Post the training schedule and let all staff know they need to attend.
- Prior to each training prepare the Person-Centered Care Training Video sign-in sheet by completing the name of your home, the date of the training and the total number of employees in your home.
- At each training have staff sign the Person-Centered Care Training Video sign-in sheet.
- Complete the trainings.
- Submit the Person-Centered Care Training Video sign-in sheet to the KSU Center on Aging office.
- You are required to train 90% of your entire staff (excluding PRN staff).

PCC TRAINING SIGN-IN SHEET

Home Name: _____ Training Date: _____Total # of Staff at Home: _____

NAME:	NAME:

ZOOM MEETING
#4
LEADERSHIP TRAINING

INSTRUCTIONS

TO BE COMPLETED BY: The person-centered care change team, including at least one direct caregiver (CNA/CMA).

PURPOSE: The purpose of this virtual session is to provide the PCC change teams with training on various leadership concepts that will support leading a team through change to implement person-centered care.

WHAT YOU WILL NEED:

- A copy of the PowerPoint presentation sent out prior to the virtual training.
- Copies of the following two worksheets for participants.

INSTRUCTIONS:

- Like the One-Day Virtual Mentor Home Experience, we will coordinate the schedule for this work session with you via email.
- Plan to have members of your PCC change team participate.
- Homes that do not make a training date selection by the designated deadline will be assigned to a training.
- You will receive the final schedule for the Leadership training via email.

LEADERSHIP: *The skill of influencing people to work enthusiastically toward goals identified as being for the common good.*

INFLUENCE VS. POWER

Notes:

PEAK FOUNDATION TIMELINE

Notes:

Hunter, James C. The Servant: A Simple Story about the True Essence of Leadership. Rocklin, CA: Prima Pub., 1998. Print.

MENTORING

Mentor (noun) 1. a wise and trusted counselor or teacher
2. an influential senior or supporter

Notes:

SERVANT LEADERSHIP

Leaders view their role as "serving: those we lead.

Notes:

DEALING WITH RESISTANCE

Notes:

ASSIGNMENT #4
PART I
LEADERSHIP SELF-EVALUATION

INSTRUCTIONS

TO BE COMPLETED BY: Person-Centered Care (PCC) Change Team

PURPOSE: The purpose of this activity is to engage team members in self-reflection to help each of us begin to develop insight into our leadership skills and abilities. Remember that leadership is a set of acquired skills that can be learned. Strong leaders are essential to the process of change.

WHAT YOU WILL NEED:

- Copies of the Five Practices and Ten Commitments of Exemplary Leadership by Kouzes and Posner.
- Copies of the Leadership Self-Evaluation worksheet.

INSTRUCTIONS:

- PCC Change Team will meet to review the Five Practices and Ten Commitments of Exemplary Leadership by Kouzes and Posner.
- Each member of the PCC Change Team will complete a Leadership Self-Evaluation worksheet.
- The PCC Change Team will meet to discuss the assignment.
- Members of the PCC Change Team will have a learning circle. Each team member will discuss their self-evaluation.
- Be prepared to discuss the assignment in the next Zoom meeting.

THE FIVE PRACTICES AND TEN COMMITMENTS OF EXEMPLARY LEADERSHIP

1 MODEL the Way

1. **FIND YOUR VOICE** by clarifying your personal values.
2. **SET THE EXAMPLE** by aligning actions with shared values.

2 INSPIRE a Shared Vision

3. **ENVISION THE FUTURE** by imagining exciting and ennobling possibilities.
4. **ENLIST OTHERS** in a common vision by appealing to shared aspirations.

3 CHALLENGE the Process

5. **SEARCH FOR OPPORTUNITIES** by seeking innovative ways to change, grow, and improve.
6. **EXPERIMENT AND TAKE RISKS** by constantly generating small wins and learning from mistakes.

4 ENABLE Others to Act

7. **FOSTER COLLABORATION** by promoting cooperative goals and building trust.
8. **STRENGTHEN OTHERS** by sharing power and discretion.

5 ENCOURAGE the Heart

9. **RECOGNIZE CONTRIBUTIONS** by showing appreciation for individual excellence.
10. **CELEBRATE THE VALUES AND VICTORIES** by creating a spirit of community.

Kouzes, J. M. & Posner, B. Z. (2003). *The Leadership Challenge.* Pfeiffer, A Wiley Imprint: San Francisco, CA. Leadership Self-Evaluation.

SELF-EVALUATION WORKSHEET

Leadership Quality	My Strengths/ Skills	How can I develop this quality?	How can others help me?
Model the Way			
Inspire a Shared Vision			
Challenge the Process			
Enable Others to Act			
Encourage the Heart			

ASSIGNMENT #4
PART 2
EXPLORING LEADERSHIP POTENTIAL IN OTHERS

INSTRUCTIONS

TO BE COMPLETED BY: Person-Centered Care (PCC) Change Team

PURPOSE: The purpose of this assignment is to encourage us to look for potential in other people. It will help us recognize potential and organize strong teams which are essential to staff empowerment. It will challenge us to consider our role as leaders and what others may need from us.

WHAT YOU WILL NEED:

- Assignment instructions
- Copies of the Exploring Leadership Potential in Others worksheet
- List of all current employees

INSTRUCTIONS:

- List each of your current employee names in the first column of the worksheets. Each worksheet will list 6 names.
- Divide your PCC Change Team into small groups. The size of these groups will depend on the size of your overall group and how many employees you have.
- Evenly divide the worksheets listing your employees among your small groups.
- Schedule a time and place for the PCC Change Team to re-group after completing the worksheets.
- Find a quiet place for each work group to meet.
- Discuss the performance of each person listed on your sheet. Consider each of the following:
    - Strengths/Skills: Think about what they do well. What special skills and talents do they bring to your home?
    - How strengths can be used to reach team goals: Think about how they could be helpful in working through the PEAK program. How can they help you reach your goals?
    - How we can help: Think about what this person might need from us to achieve success. How can we support this person?
- Pull the PCC Change Team back together.
- Have each of them share their work.
- As a group discuss potential you have discovered on your team.
- Be prepared to discuss this assignment at the next Zoom meeting

EXPLORING LEADERSHIP POTENTIAL IN OTHERS

Name:	Strength/Skill	How can strengths/skills be used to meet team goals?	How can we help?

ASSIGNMENT #4
PART 3
KDADS CRITERIA TRAINING

INSTRUCTIONS

TO BE COMPLETED BY: The Entire Staff

PURPOSE: The purpose of this assignment is to introduce your entire team to the PEAK program. Team members will learn about the program criteria and what will be expected from your home as you make changes to support person-centered care. This information will help team members make good decisions about what areas to focus on first.

WHAT YOU WILL NEED:

- Copy of KDADS Criteria training sign-in sheet
- The total number of employees in your home
- Copies for each employee of the KDADS Criteria
- PEAK Criteria Training Outline

INSTRUCTIONS:

- We recommend a few members of the PCC Change Team form a small work group to coordinate this assignment. Determine how you will make the training available to the staff in your home.
- Determine who will lead the Criteria Training, using the PEAK Criteria Training Outline (Distributed via email).
- Develop a training schedule that offers this training on different days and at various times throughout the day and evening.
- Post the training schedule and let all staff know they need to attend.
- Prior to each training prepare the KDADS Criteria training sign-in sheet by completing the name of your home, the date and the total number of employees in your home.
- At trainings have each staff sign the KDADS Criteria training sign-in sheet and
- Distribute a copy of KDADS PEAK Criteria handouts to each attendee.
- Complete the trainings.
- Submit the KDADS Criteria training sign-in sheet to the KSU Center on Aging office.
- You are required to train 75% of your entire staff (excluding PRN staff).

CRITERIA TRAINING SIGN-IN SHEET

Home Name: _____ Training Date: _____Total # of Staff at Home: _____

NAME:	NAME:

ASSIGNMENT #4
PART 4
CORE SELECTION

INSTRUCTIONS

TO BE COMPLETED BY: The Entire Staff

PURPOSE: The purpose of this assignment is to get involvement from your entire team in the process of selecting 2-4 core areas to focus on first. This is how you will begin to get "buy-in". Your team will be more likely to get involved if they have input in the process.

WHAT YOU WILL NEED:

- One copy of each of the 12 Voting Ballots
- Tape or tacks
- Stickers such as colored adhesive dots or other small stickers. You will need enough stickers to give 2-4 to each team member on your staff.

INSTRUCTIONS:

- You are required to address at least 2 core areas next year. We recommend homes address no more than 4 core areas the first year.
- Gather the PCC Change team to discuss how many cores the team should address in the first year (between 2 and 4). Try to be realistic in considering what the team can handle this year. You want to set your team up for success. Keep in mind some cores will require more work than others to meet criteria in your home.
- Decide the number of cores your home will address (between 2 and 4).
- Schedule an ALL TEAM meeting.
- Prior to the meeting post the Voting Ballots on a wall in the meeting room.
- A member of the Person-Centered Care Change Team will facilitate the meeting.
- Facilitate a learning circle to discuss what core areas should be addressed first and why.
- Allow ample time for discussion being careful to allow each team member uninterrupted time to share.
- After the learning circle, distribute 2-4 stickers (the number of cores the PCC Change Team decided to work on) to each team member present.
- Instruct team member to place on sticker on each of the cores they most want to work on first.
- After everyone has voted, count the stickers on each Voting Ballot.
- The Voting Ballots (cores) with the most stickers will be the cores selected by the team.
- Be prepared to discuss this assignment at your action plan training session.

VOTING BALLOT

DOMAIN 1- RESIDENT CHOICE

CORE 1 FOOD

SUPPORTING PRACTICES:

#1 WHAT TO EAT

#2 WHEN TO EAT

#3 WHERE TO EAT

VOTING BALLOT

DOMAIN 1- RESIDENT CHOICE

CORE 2: SLEEP

SUPPORTING PRACTICES:
#1 INDIVIDUAL SLEEP ROUTINES
#2 UNDISTURBED (OVERNIGHT) SLEEP PRACTICES

VOTING BALLOT

DOMAIN 1- RESIDENT CHOICE

CORE 3: BATHING

SUPPORTING PRACTICES:
#1 BATHING CHOICE
#2 BATHING ALTERNATIVES

VOTING BALLOT

DOMAIN 1- RESIDENT CHOICE

CORE 4: DAILY ROUTINES

SUPPORTING PRACTICES:
#1 MOVE-IN ASSESSMENTS
#2 PCC CARE PLAN DEVELOPMENT
#3 CARE PLAN DELIVERY

VOTING BALLOT

DOMAIN 2- STAFF EMPOWERMENT
CORE 1: RELATIONSHIPS

SUPPORTING PRACTICES:
#1 GET SMALL
#2 CONSISTENT STAFFING

VOTING BALLOT

DOMAIN 2- STAFF EMPOWERMENT
CORE 2: DECISION-MAKING RESIDENT CARE

SUPPORTING PRACTICES:
#1 SHARED UNDERSTANDING
#2 ACCESS TO INFORMATION AND RESOURCES

VOTING BALLOT

DOMAIN 2- STAFF EMPOWERMENT
CORE 3: DECISION-MAKING STAFF WORK

SUPPORTING PRACTICES:
#1 STAFF SCHEDULING
#2 HIRING AND ORIENTATION PRACTICES
#3 LEADERSHIP

VOTING BALLOT

DOMAIN 2- STAFF EMPOWERMENT
CORE 4: CAREER DEVELOPMENT

SUPPORTING PRACTICES:
#1 PROFESSIONAL DEVELOPMENT
#2 OUTSIDE EDUCATION

VOTING BALLOT

DOMAIN 3- HOME ENVIRONMENT
CORE 1: RESIDENT BEDROOMS

SUPPORTING PRACTICES:
#1 PRIVACY
#2 PERSONALIZATION
#3 SELF-CARE AND MOBILITY

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DOMAIN 3- HOME ENVIRONMENT
CORE 2: RESIDENT USE SPACE

SUPPORTING PRACTICES:
#1 PRIVATE SPACE
#2 SELF-CARE AND MOBILITY
#3 INSTITUTIONAL ELEMENTS

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DOMAIN 4- MEANINGFUL LIFE
CORE 1: SUPPORTING THE HUMAN SPIRIT

SUPPORTING PRACTICES:
#1 DAY-TO-DAY LIFE
#2 PLANNED AND SPONTANEOUS ACTIVITIES

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DOMAIN 4- MEANINGFUL LIFE
CORE 2: COMMUNITY INVOLVEMENT

SUPPORTING PRACTICES:
#1 INTERNAL COMMUNITY
#2 EXTERNAL COMMUNITY

ASSIGNMENT #4
PART 5
WORK GROUP SELECTION

INSTRUCTIONS

TO BE COMPLETED BY: The Person-Centered Care (PCC) Change Team

PURPOSE: The purpose of this assignment is to create small work groups to coordinate work on each of the core areas that were selected. The goal of each work group is to help the entire home meet the KDADS criteria in the core area the address.

WHAT YOU WILL NEED:

- A copy of the Work Group Volunteer sign-up

INSTRUCTIONS:

- List the cores selected in the Core Selection Activity on the Work Group Volunteer sign-up sheets.
- Choose one (or more) person(s) from the PCC Change Team to serve on each of the workgroups.
- Place these names on the Work Group Volunteer sign-up sheets.
- Post the Work Group Volunteer sign-up sheet in a place that is accessible to all team members.
- Ask team members who are interested to volunteer by signing the sheet.
- After team members have an opportunity to volunteer the PCC change team will meet to review the Work Group Volunteer sign-up sheets to discuss recruiting plans to round out the teams.
- Keep in mind the training you received on forming work teams. Remember to consider the special skills each team member brings to the process and strive to have stakeholders from all areas of your organization involved.
- Decide which member of the PCC Change Team will approach each of your recruits.
- Plan a time to re-group and finalize your work teams.
- Be prepared to discuss this list in your action plan training session.

WORK GROUP VOLUNTEER SIGN-UP

CORE:	CORE:	CORE:	CORE:
Print Name Below to Sign up for This Core	Print Name Below to Sign up for This Core	Print Name Below to Sign up for This Core	Print Name Below to Sign up for This Core

ZOOM MEETING #5
ACTION PLAN TRAINING

ACTION PLAN TEMPLATE

Facility Name:
Domain:
Core:

WHAT HAS BEEN WORKED ON IN THIS CORE AREA SINCE STARTING THE PEAK 2.0 PROCESS?

GOAL/SUPPORTING PRACTICE:

OBJECTIVE(S)	ACTION STEPS	RESPONSIBLE PERSON(S)	TARGET COMPLETION DATE	COMPLETE

ACTION PLANNING

COMPLETE THE TOP PORTION OF THE ACTION PLAN TEMPLATE:

ACTION PLAN

FACILITY NAME: **The Marigold Home**	PROVIDER NUMBER: **00000**
DOMAIN: **#1 Resident Choice**	ACTION PLAN CONTACT: **John Smith**
CORE: **#3 Bathing**	PHONE NUMBER AND/OR E-MAIL: **555-1234**

NARRATIVE BOX:
WHAT ACTIONS HAS YOUR HOME ALREADY TAKEN IN THIS CORE AREA?

WHAT HAS BEEN WORKED ON IN THIS CORE AREA SINCE STARTING THE PEAK 2.0 PROCESS?

ACTION PLANNING

GOALS:

- GOALS ARTICULATE WHAT YOU WANT TO DO.
- THEY ARE THE BIG PICTURE OUTCOME YOU WHAT TO SEE.
- HINT: KDADS WROTE GOALS FOR YOU.

Goal/Supporting Practice:

OBJECTIVES:

- MEASURABLE STATEMENTS OF WHAT YOU INTEND TO ACHIEVE DURING A CERTAIN PERIOD OF TIME.

Objective(s)	Action Steps	Responsible Person(s)	Target Completion Date	Complete

ACTION PLANNING

OBJECTIVES:

SPECIFIC
MEASURABLE
ATTAINABLE
REALISTIC
TIME FRAME

ACTION STEPS:

- YOUR TO-DO LIST
- VERY SPECIFIC SO THEY ARE CLEAR TO ALL
- WHAT STEPS DO WE NEED TO TAKE TO ACHIEVE OUR OBJECTIVES?

Objective(s)	Action Steps	Responsible Person(s)	Target Completion Date	Complete

ACTION PLANNING

RESPONSIBLE PARTIES:

- NAME A PERSON FOR EACH STEP
- TEAM EFFORT, BUT THE IDENTIFIED PERSON COORDINATES THE EFFORT
- EVERYONE KNOWS WHO IS DOING WHAT

Objective(s)	Action Steps	Responsible Person(s)	Target Completion Date	Complete

TARGET DATES:

- IDENTIFY WHEN THE ACTION STEP CAN BE COMPLETED
- CONSIDER THE ORDER IN WHICH THINGS NEED TO HAPPEN
- USE SPECIFIC DATES

Objective(s)	Action Steps	Responsible Person(s)	Target Completion Date	Complete

ASSIGNMENT #5
PART 1
ACTION PLAN COACHING SESSION

INSTRUCTIONS

TO BE COMPLETED BY: Core work groups supported by the PCC Change Team

PURPOSE: The purpose of this individual coaching session is to provide direct support to your team in the action planning process. A member of the KSU PEAK team will facilitate your team discussion as you develop your action plan for one of the cores you selected to work through next year. This session will be conducted via Zoom.

WHAT YOU WILL NEED:

- Copies of KDADS criteria for the selected cores

INSTRUCTIONS:

- PCC Change team will schedule the Action Plan Coaching Session with the KSU PEAK team. The KSU team will contact you via email to schedule this.
- Gather as many work group team members as possible to participate in the coaching session.
- Provide copies of the KDADS's criteria to each team member.

ASSIGNMENT #5
PART 2
DEVELOP YOUR ACTION PLAN

INSTRUCTIONS

TO BE COMPLETED BY: Core work groups supported by the PCC Change Team

PURPOSE: The purpose of this assignment is to develop a detailed plan that will serve as a "road-map" as you work through the process of implementing the selected cores. The action plan will help hold the team accountable to your shared vision.

WHAT YOU WILL NEED:

- Access to the PEAK Website Actioning Plan Resources: https://www.hhs.k-state.edu/aging/research/peak20/action-planning/

INSTRUCTIONS:

- PCC Change Team will schedule a meeting with each of the work teams.
- At each meeting, review the KDADS criteria for the cores you are addressing. Remember that each supporting practices for that core must be met when evaluated on the core at the end of next year, so you action plan should address all supporting practices.
- Use the Action Plan Worksheet for the cores you selected to develop your action plan. Action plan worksheets can be found on the PEAK website: https://www.hhs.k-state.edu/aging/research/peak20/action-planning/
- After the action plan is done, each work group should schedule a regular meeting time to do the work of the action plan through next year.
- When each group is done, compile the action plan for each group and submit your action plan to the KSU Center on Aging.
- Action plans are due April 15.

Action plans can be turned by email (ksucoa@gmail.com), mail (KSU Center on Aging; 253 Justin Hall; 1324 Lovers Lane; Manhattan, KS 66506) , or fax (785-532-5504)

KDADS PEAK CRITERIA

SPECIAL CONSIDERATIONS FOR MENTAL HEALTH HOMES

Some areas of the Peak criteria have been revised for providers **licensed** as Nursing Facilities for Mental Health (NFMH). These revisions only apply to homes **licensed** by the State of Kansas as NFMH'S.

These revisions have been made to recognize and address the unique care needs of individuals with mental health diagnosis as they relate to person-centered care.

It is the intent of the criteria that all treatment considerations be based on the individual need of each resident.
All other areas of the criteria apply.

They are outlined in the criteria and can identified by a green delta symbol (Δ) and the NFMH acronym.

If you are not a NFMH please disregard any areas of the criteria in green.

Nursing Facility for Mental Health (NFMH): Any place or facility operating 24 hours a day, seven days a week caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who, due to functional impairments, need skilled nursing care and special mental health services to compensate for activities of daily living limitations.

DOMAIN #1 : RESIDENT CHOICE

RESIDENTS DIRECT THEIR LIVES.

CORE: Food

GOAL: *Residents choose what, when, and where they eat.*

SP 1-What to Eat

- Enhanced dining program to increase menu options
- Resident Input in menu development

SP 2- When to Eat

- Food available 24/7
- Expand meal times of hot food availability to reflect resident eating habits
- Access to special food requests

SP 3- Where to Eat

- Residents are involved in décor changes and decisions
- Residents drive seating decisions
- Multiple options in where to eat

CORE: Sleep

GOAL: *Residents' individual sleep patterns are supported.*

SP 1- Individual Sleep Routines

- Individual sleep preferences are gathered, communicated, and supported
- No group sleep or wake-up program
- Individual sleep routines/schedules are in place
- Consistent Staffing

SP 2- Undisturbed Sleep Practices

- Individualized night care
- Care provided around preferred sleep routine
- Reduced noise and lighting conducive to sleep
- Resident bed choice

CORE: Bathing

GOAL: *Bathing practices support individual choice*.

SP 1- Bathing Choice

- Information about bathing preferences is gathered
- Multiple bathing options exist
- Residents have input in who assist them
- Residents have choice in when and where they bathe
- Practices accommodate daily preferences

SP 2- Bathing Alternatives

- Staff are trained on bathing alternatives
- Residents are supported in bathing alternatives

CORE: Daily Routines

GOAL: *Residents decide how they spend their day.*

SP 1- Move-In Assessment

- Gather information about routines and preferences PRIOR to move-in
- Caregivers have access to information
- Caregivers support daily routines from day 1

SP 2- PCC Care Plan Development

- 90% of care plans are attended by residents and/or family
- Residents and/or family participate in creation of the care plan
- 90% of care plan meetings are attended by direct caregivers
- Direct caregivers participate in the creation of the care plan

SP 3- Care Plan Delivery

- All caregivers have direct access to care plan information
- Direct caregivers have a formal system available to communicate care plan changes as directed by residents
- Daily routines are lived as outlined in the plan of care

DOMAIN #2: STAFF EMPOWERMENT

ALL STAFF ARE EMPOWERED TO SUPPORT RESIDENT CHOICES AND MAKE DECISIONS ABOUT THEIR WORK.

CORE: Relationships Δ

GOAL: *Residents enjoy meaningful relationships with a small group of consistently assigned caregivers.*

1- Get Small

- Define physical locations
- No more than 30 residents live in each work area
- Necessary supplies/equipment available in each work area

2- Consistent Staffing

- A staff schedule is developed for each work area (required)
- Staff are assigned to a team in a defined work area (required)

Meet at least 2:

- Versatile workers
- No "scheduled" rotation
- No "scheduled" agency staff
- PRN staff are assigned to work areas

CORE: Decision Making Staff Work

GOAL: *Traditional top down hierarchy is replaced with self-led teams making decisions that affect their work.*

1- Staff Scheduling

- Direct care (DC) staff are self-scheduling OR
- The scheduling process includes:
  - DC staff input is gathered for staffing plans
  - DC staff arrange their own coverage
  - DC staff coordinate and negotiate time off with one another

2- Hiring and Orientation Practices

- DC staff receive training on homes' hiring practices
- DC staff involved in hiring process
- DC staff are involved in orientation of new staff

3- Leadership

- The home has a central leadership team that includes DC staff representation
- Each work area has a leadership team that includes DC staff representation
- DC staff serve on work groups addressing issues throughout the home

CORE: Decision Making Resident Care

GOAL: *The home supports resident decisions through a team approach.*

1- Shared Understanding Δ

- Formal training on how to respond when residents make a risky decision

2- Access to Information & Resources

All team members have access to:

- Information about special health needs of each resident
- Access to contact information
- Access to transportation
- Access to resident funds

CORE: Career Development

GOAL: *Systems are in place to promote professional development.*

1- Professional Development

- Formal career advancement or skills enhancement program in place
- Versatile worker training opportunities

2- Outside Education

- At least 10% of non-managerial staff attend outside training of any kind

DOMAIN #3: HOME ENVIRONMENT

THE BUILT ENVIRONMENT IS RECOGNIZED AS THE RESIDENTS' HOME & RESIDENT COMFORT IS HONORED OVER STAFF CONVENIENCE.

CORE: Resident Bedrooms

GOAL: *Bedrooms in the home provide opportunities for privacy, personalization, and comfort.*

SP 1- Privacy

- Arranged to promote privacy
- Boundaries are respected
- Regular training on privacy expectations

SP 2- Personalization

Meet at least 2 of the following-

- Decor reflects preferences
- Choice of paint color
- Bed and furniture choices are supported
- Policy in place to encourage personalization

SP #3 Self-care & Mobility

- Adaptations to promote self-care
- Free of barriers to mobility and self-care

CORE: Resident Use Space

GOAL: *All spaces in the home are comfortable and accommodating.*

SP 1- Private Space

- Space is available to host and receive family and friends
- Bathing areas provide privacy and dignity
- Spaces for solitude
- Boundaries are respected

SP 2- Self-care and Mobility

- Free of barriers to mobility and self-care
- Adaptations to promote self-care

SP 3- Institutional Elements

- Overhead paging turned off (used only in emergencies)
- Equipment and carts not left in halls
- Nurse stations are eliminated

DOMAIN #4: MEANINGFUL LIFE

RESIDENTS HAVE OPPORTUNITIES AND ASSISTANCE TO PURSUE A PURPOSEFUL LIFE.

CORE: Supporting the Human Spirit

GOAL: *Team members work together to discover and support what gives each resident meaning and pleasure.*

SP 1- Day-to-Day Life

- Information is gathered about residents' routines, preferences, and daily pleasures
- Information is available to DC staff
- Residents live individualized daily routines supported by PCC care plan
- Individual spiritual and cultural preferences supported
- Residents are honored when they pass on

SP 2- Planned and Spontaneous Activities

- Residents are involved in planning formal activity schedules
- Residents involved daily in determining spontaneous activity

CORE: Community Involvement

GOAL: *Residents have opportunities to build and maintain existing connections.*

SP 1- Internal Community

- Residents participate in chores
- Residents have opportunities to help others
- Residents contribute to community decisions
- Residents have opportunities to express preferences and concerns

SP 2- External Community

- Home gathers information about residents' community connections
- PCC care plans address ways staff support community connections as desired by residents
- Outside community members are welcomed by the home
- Family and friends feel welcome
- Home engages in community projects/life