



April 2007

PEAK Project Newsletter

Center on Aging — Kansas State University

Resources

Book Review

Quick Team-Building Activities for Busy Managers: 50 Exercises That Get Results in Just 15 Minutes

Brian Cole Miller, 2004

Just because your team doesn't have the time or budget to embark on a full-scale training program doesn't mean you have to abandon the idea of team-building exercises altogether. This book presents 50 fun, practical exercises to choose from, and you don't need any special facilities, expensive products, or previous training experience to get great results – in minutes! These great activities will help you:

- build new teams and help teams assimilate new members
- deal with change
- recognize individual efforts and team accomplishments
- find creative ways to work together and solve problems
- increase and improve communication
- leverage diversity and individual differences to meet team goals
- keep competition health and productive

The speed of the boss is the speed of the team.

Lee Iacocca

MOVIE REVIEW

Eleanor at 80 Mediating Family Issues in Eldercare

Developed by Drs. Harry and Lisa Webne-Behrman, this DVD details the mediation process including: Setting ground rules, active listening, identifying key issues, exploring options and building an action plan. Step-by-step analysis by Harry and Lisa help families work through difficult issues in eldercare. There is also an interview footage featuring gerontologist Dr. Jill Steinberg and geriatric social worker Marie Homes. They discuss a wide range of topics concerning older adults and their families.

Aquarius Health Care Videos, 55 minutes, 2006
www.aquariusproductions.com

The Journey Toward Culture Change Continues

We are currently featuring the 2006 PEAK award winners. We have included two more stories in this issue.

Presbyterian Manor in Newton

The implementation of a person-centered model of care at Presbyterian Manor started with the nurse's station demolition in 2001. Soon after, the residents were offered menu choices. The new dining service was a spring-board for more culture changes. Shawn Sullivan, the home's Executive Director, helped create a 15-member study group, the *Living Your Way Team*, whose responsibility was to gather information about the new model of care and discuss the information with residents, families and staff. The team consisted of residents, family and advisory board members, corporate office and frontline staff.

They were meeting every other week for the first six months. First, the team analyzed the home's organizational structure. They also visited four or five communities that were already advanced in the person-centered model. These visits were an eye-opening event for staff. The experience helped the team realize that Presbyterian Manor had many features of an institutional environment. This realization gave staff strong incentive to change it and make the Manor more homelike for residents and a better workplace for employees.

To start the task of transformation, the team divided themselves into subgroups: nursing, activities, design/renovation and universal worker teams. Each team provided education to

residents, families and staff related to the area on which they worked. Feedback from stakeholders was discussed on a regular basis. Each sub-team redesigned organizational structures with which they were familiar. Permanent nursing assignment was one of the first features of the model of care that was implemented.

Presbyterian Manor has five neighborhoods and each has its own team, three in health care and two in assisted living. The formal team meets on a monthly basis and residents, family members, and staff gathers to discuss a variety of topics through learning circles. The team meetings draw about 70% of residents. For many residents, meetings serve as a social function as well.



The home still deals with staff resistance and old mind sets which is the biggest barrier related to the new model. Some staff members are still used to rigid schedules, and it is hard for them to switch to a flexible system that is run by residents' current and changeable needs. When the home started an open breakfast, residents still came at the same time as before the change because staff would wake residents according to the old schedule. It took much training to help staff switch to a resident-centered model of care where residents may have different preferences for when they wake up, when they eat breakfast or perhaps whether they eat at all. The change is not only difficult for staff but poses a challenge for residents as well. They need to be reminded that they are in control of

their lives and that they have choices. Resuming control of one's life remains a challenge for many residents.

Currently, dietary aids are being trained as homemakers to provide more universal services to residents. Even though the process of a person-centered model of care is not yet fully implemented Shawn already sees the positive outcomes: residents receive better care, have a better quality of life, improved weight loss, and decreased number of falls. Staff turnover has also decreased. Presbyterian Manor has also started conducting staff satisfaction surveys to monitor their job satisfaction, so they can intervene and help staff when necessary. Shawn

A leader is someone who helps improve the lives of other people or improve the system they live under.

~ Sam Ervin ~

noted that if he had a chance to start the change process all over again, he would have focused more on leadership skills for staff, making it the first training step. Physical changes are an easier element of the change, and can be implemented at the end of the process. He recommends taking the entire process slowly, providing a lot of education to staff, and continuously encouraging them to give feedback. Shawn believes that Presbyterian Manor is capable of sustaining the new model of care due to solid education and the intensive training staff have received.

The impressive achievements in the Newton Presbyterian Manor transformation from an institution to a home were recognized with a 2006 PEAK award. The award has not stopped the Manor from working on further transformation. A current capital fundraising campaign will allow the Manor to renovate its health care center into three physically separate households. Each will have its own dining room,

living room, kitchen, residential laundry equipment, remodeled bathing/spa rooms, storage spaces to hide institutional equipment and individualized resident rooms. More staff cross-training, self-scheduling and the implementation of household leadership teams will be gradually inserted in an attempt to improve person-centered care, and in order to increase quality of life for residents and staff.

Pleasant View Home in Inman

In 2002, Jalane White, Pleasant View Administrator, and Judy Miller, Director of Nursing, were not satisfied with the quality of life provided to the residents in their home. The traditional model of care could not offer what elders wanted. Jalane and Judy heard many good things about Meadowlark Hills and decided to visit this site to learn more about creating a home for their residents. They came back very excited, but knew right away that they had to develop a model of care that was distinctive to the Inman home to encompass its very unique culture. Additional staff members visited Meadowlark and also visited The Cedars in McPherson to view another model of care. The knowledge they brought back was the basis for discussing the future of Pleasant View Home.

Kansas Foundation for Medical Care (KFMC) was very instrumental in providing education and training on a person-centered model of care at the time. The first step of the change and their journey was dividing staff into neighborhood teams. All staff members were learning together about the new model principles. Staff developed a plan and applied the learned principles for their home.

Management was clear from the beginning that a team leader position would not be filled by a nurse in order to begin the process of hierarchy flattening. The first team leaders were selected by the management. The management and the team leaders met weekly to discuss the development of a person-centered model of



care, its implementation and how to resolve any misunderstandings and conflicts related to the change. The biggest concern was combining all tasks in an effort to provide consistent care for the residents. The teams were responsible for identifying workable solutions. The governing principle was modification of ideas according to the needs of their home. The Pleasant View staff held regular meetings and representatives from all disciplines have participated since 2002. The Learning Circle has become an effective communication tool for the entire home and neighborhood meetings. One of the elements that the management is most proud of is development of strong and effective teamwork

The residents were informed about upcoming changes, and were encouraged to give their input. Their families were notified via newsletter. All residents and their families accepted the change well and were pleased overall with efforts focused on increasing their loved ones' quality of life and care. Only one family member was concerned about his mother's diabetes and how choice of food would impact her health. Staff took time to educate the son about residents' rights to have choice and control one's life regardless of where an individual lives.

Judy has reported many visible outcomes of the change. Residents display a sense of well-being and have control over their lives, relationships between the residents and staff members have blossomed, and staff feel truly empowered. It is very rewarding for the management to see staff members flourish with new responsibilities. Direct

care staff have an opportunity to excel through a career ladder program. By completing trainings on culture change and mastering the skill of multi-tasking, a CNA can be certified as a "Personal Care Assistant." The title demonstrates the knowledge and skills that are necessary to maintain and strengthen the model with the primary focus of meeting residents' needs. The home's records show a decrease of staff turnover and resident falls, and an increase in financial profits. According to Judy Miller, "Rewards are greater than we ever imagined."

There is nothing from the old model of care that the management misses. There are still a few issues that staff continue to work on.

- More efficient and effective communication
- Staff availability for training
- Reinforcing resident choices with both residents and staff members
- Respecting residents' choice to sleep in, especially for those diagnosed with dementia

These and other issues are discussed during learning circles, and staff are re-trained on the principles of a person-centered model of care.

Judy commented that reinforcing resident choices, staff empowerment and strengthening culture change "take a lot of time, patience and re-doing." Pleasant View Home's successful culture change journey has been awarded with four PEAK awards, the fourth received in 2006. It is the only home that has received the PEAK award four times. The awards are proudly displayed on their entrance wall and there is ample room for more. According to Pleasant View Home staff it remains an ongoing effort to make it the best home for all their residents. Their most valued award is having happier residents.