



# PEAK Project Newsletter

November 2004 Galichia Center on Aging — Kansas State University

## Leadership

Leadership is the theme of this newsletter and we hope you will find the links below as well as our articles on leadership to be helpful to you in your culture change journey.

Harrison on Leadership. Several articles - examples: Lead vs. Manage, Teams, Ethics, etc.

[www.altika.com/leadership/](http://www.altika.com/leadership/)

Resource articles for Leaders from Navran Associates 2. Example: Organizational Culture and the Comics.

[www.navran.com/resources-articles.shtml](http://www.navran.com/resources-articles.shtml).

This site also has an employee empowerment survey:

[www.navran.com/resources-downloads.shtml](http://www.navran.com/resources-downloads.shtml)

Team Management Systems

How do you develop leaders from where they are to where they will need to be?

[www.tms.com.au/wothot.html](http://www.tms.com.au/wothot.html)

The Art and Science of Leadership by Don Clark. This site contains training materials at a relatively small price (\$129 to organizations, less for individual, one time use). They can be viewed before purchase on the site.

[www.nwlink.com/~donclark/documents/leadershipshareware.html](http://www.nwlink.com/~donclark/documents/leadershipshareware.html)

[www.nwlink.com/~donclark/leader/leader.html](http://www.nwlink.com/~donclark/leader/leader.html)

Leadership Development Planning

Written by Carter McNamara, MBA, PhD. | Applies to nonprofits and for-profits unless noted.

[www.mapnp.org/library/ldr\\_dev/ldr\\_dev.htm](http://www.mapnp.org/library/ldr_dev/ldr_dev.htm)

### *Leadership Quotes*

"The best executive is the one who has sense enough to pick good men to do what he wants done, and the self restraint enough to keep from meddling with them while they are doing it."

---- Theodore Roosevelt

"A leader takes people where they want to go. A great leader takes people where they don't necessarily want to go but ought to be. "

---- Roslyn Carter

"Never tell people how to do things. Tell them what to do and they will surprise you with their ingenuity." ---- General George Patton

Taken from: <http://members.aol.com/jwakefield/quote.htm>  
[http://www.wisdomquotes.com/cat\\_leadership.html](http://www.wisdomquotes.com/cat_leadership.html)

# Management by Walking Around

by Clint Maun

The old school of thought concerning leadership and management often promoted the idea that senior executives were off limits. They were to be enclosed in their own posh offices, isolated from the "rank and file" employees. Boy, do times change! The best leaders of today consistently interact with their employees. They know that by doing so they not only build rapport and relationships, but they also discover the challenges and issues their employees face on a daily basis--a critical piece of knowledge when it comes to maximizing a healthcare organization.

Can it really be this easy? Management by walking around (MBWA) is as simple as it sounds. By merely walking around, you can increase your department's morale and productivity. This approach allows employees direct access to the boss and frequently generates high levels of spontaneous, creative synergy because employees and the boss can freely and casually exchange ideas. Some other benefits of MBWA include:

## ✓ *Camaraderie*

When you elect to walk around and get to know your employees on a more personal basis, your employees will see you as a person, not merely as a boss. In addition, as you get to know your employees, you will be able to form your own opinions about them, as opposed to having to rely on hearsay.

## ✓ *Trust*

Without the trust of your employees it is very difficult to lead. When you're physically visible to your employees, you're showing that you care about what's going on in the workplace. This approach most definitely builds trust.

## ✓ *Wisdom*

If you wait for people to come to you with issues and concerns, only the small problems will be revealed. However, if you make an effort to get out and see operations firsthand, you will discover the problems that could potentially spell disaster. After all, the major problems are usually where people don't realize they have one in the first place. MBWA will help you learn departmental accomplishments and strengths as well as their needs and concerns.

## ✓ *Self-Accountability*

MBWA will help keep you accountable. When you're out talking to your people face-to-face, you will feel uncomfortable seeing them again if you haven't addressed their concerns.

How Do I Start? Part of the beauty of MBWA is that there is no set formula. The main idea is to just remain visible and accessible to your employees. That being said, there are a few tips and guidelines to keep in mind:



- ! Be personable. Always try to praise your employees in public and keep any critical feedback in private (you don't want employees hiding when they see you making the rounds because they're fearful of what you may say).
- ! Be consistent. You need to pre-determine how much time you're going to devote to walking around, and more importantly, you need to stick to that commitment. This approach works best when a manager consistently spends time on the floor with the employees or in various employee offices each day.
- ! Be authentic. This approach must be compatible with your style. Be yourself when you're making the rounds. Employees will see through you if you are putting on an act.

Remember, as much as healthcare professionals love their autonomy, they also don't want to be ignored. This approach takes time and effort, but the end result can be seen in the form of valuable connections and feedback from your staff. Ultimately, managing by walking around is not time spent--it's time invested.

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## The Journey Toward Culture Change Continues

In our continuing efforts to give examples of Kansas Nursing Homes that are pursuing “nontraditional” models of care with progressive environments, we will describe the work of winners of the 2004 PEAK Awards.

One or two homes will be featured in each upcoming newsletter. In this issue we feature **Meadowlark Hills of Manhattan**. A PEAK Award winner in 2002, the first year awards were presented, Meadowlark Hills has continued to see other “mountains on the horizon” with more challenges to overcome. This led to their receiving a 2004 award.

Long before the ground was broken for their expansion and renovation project in 1999, seeds of change had been planted. Executive Director Steve Shields, with the help of consultants with expertise in strategic planning, team building and visioning, shared his vision with Meadowlark’s leadership team who were willing to take the plunge. Much time was invested in leadership development and planning. Front-line staff were introduced to the concepts of self-directed work teams, resident-directed care, flattened hierarchy, and the Eden Alternative.

Joint “learning circles” were held with staff from both Wharton Manor (another Manhattan nursing home that was merging with Meadowlark) and Meadowlark Hills so they could get to know each other and realize they shared common values of providing quality care to elders. Learning circles not only helped to calm fears of the unknown but also helped former competitors become co-workers.

Resident and family meetings were organized to answer questions and explain the various changes that would be taking place. Their input was needed to make resident and staff household selections. Building relationships and identifying resident preferences were important for developing the new households.

Since the completion of building renovations, residents inhabit one of six unique households. Households range in size from 13 to 25 persons. Each household is fully certified for Medicare so a resident returning home from the hospital can receive skilled services in their own household and not be placed in a “skilled unit.” There are no nurses’ stations; rather a roll-top desk or armoire serves the purpose in each household. There are no med carts since

medication is kept in locked cabinets in each person's room.

Residents now make most choices about their daily routines such as when to get up, what to wear, in what activities they want to participate, even how aggressively they want to manage their health conditions. Questions commonly asked concerning resident choice are: What does the resident want? How would we do it at our home? How can we do it here in their home?

Choice is most evident in the mornings.

Breakfast is cooked to order in each household every morning.

Residents awaken to the smell of fresh brewed coffee and frying bacon. Most mornings there is a "special," but it is always optional.

Breakfast is served as early as 5:30 a.m. for the early riser in Honstead House (who likes Cap'n Crunch and coffee) until the last person is served around 11:30 a.m.



Lunch and dinner menus provide an alternative selection to every entrée. If neither option is to a resident's liking, staff will make them something that is. With a kitchen in every household, alternative food is accessible to residents 24 hours a day. There are many snacks or easily prepared foods that anyone can make for the night owl or the person with distinct food preferences, and refrigerator raiding is encouraged. Many houses choose to celebrate holidays or special events with meals prepared in the house using resident recipes, often with residents sharing cooking duties.

Resident learning circles are used in each house to promote communication between residents, to discuss household concerns, to encourage dialogue between residents and staff, and to plan

events or activities in the house or out in the community.

That was 2002 and Meadowlark Hills continues to grow and innovate. Some recent achievements include Continual Dining in Collins Landing House and self-directed scheduling in that household. Since sleep and wake times are dictated by the elders, the household team in Collins Landing House often found themselves wanting to "help" elders wake-up as they waited to start their work day.

It became apparent that fewer staff members

were needed early in the morning as elders began to sleep later. The team gauged how many staff were needed and when, based on the times elders tended to wake.

They eliminated the traditional "shifts" and started scheduling in four hour blocks of time instead. Now, arrival times for coming to work are staggered with someone coming in at 6 AM (a medication aide

or nurse so medications can be given when people start getting up) another at 7 AM and someone else at 8:30 AM. Times and numbers of persons are adjusted depending on current residents' wake times.

Another change at Collins Landing House is the institution of continual dining. This was introduced so that elders had a variety of choices that appealed to all their senses throughout the day. Just as elders don't wake at the same time they aren't all hungry at the same time. It became obvious that set dining times – even with extended hours didn't fit every resident. Since all staff members are trained in food preparation, every discipline can provide food on a continuous basis. Meals are provided to the elders continuously throughout the day. Some meals are prepared according to the daily specials; others are cooked to order. The self-

led work teams develop the daily special menus with the assistance from the Nutrition Mentor and Foodservice Mentor. Each elder determines the serving size, when, where and what they want to eat. The self-led work teams encourage the elders to make good choices at meal times, but continue to honor the elder's rights.

For example: if an elder needs extra protein in her diet and did not eat a protein rich item at one of her previous meals, the work team will encourage the elder to consume a protein rich food at the current meal. If the elder decides not to have a protein rich food, her choice is respected. If an elder decides not to follow her physician's specific diet recommendation, there is an obligation to educate the elder on the risk of not following the recommendations. If the elder is not able to make the decision on her own, all stakeholders (family, physician, durable

power of attorney (DPOA), etc) will discuss the risks and the DPOA for health care will make the decision for the elder.

Because the self-led work team knows the elders in their household best and the team members were empowered to make decisions for staffing changes and dining changes, the self-led work team in Collins Landing House saw a need for the changes, took the initiative to find a way to make the changes and found that they worked. Now other households at Meadowlark Hills are looking at similar changes in their houses as well. Staff members at Meadowlark Hills continue to learn that the journey toward culture change is never finished. Every time you achieve what you thought was the summit, you see another mountain on the horizon. They find that there is no perfection, only the continual struggle to achieve excellence.



KHCA invites all leaders in the Kansas Culture Change movement to participate in a very special training program December 1, 2004 in Overland Park. KHCA, along with partners KAHSA, KACE, KDOA, KFMC and KSU invite you on a journey from vision to reality.

Experience the wisdom shared by those who chose the road less traveled and are making all the difference in the lives of Kansas elders. Visit [www.khca.org](http://www.khca.org) and click on education calendar for a full conference brochure or call 785-267-6003 for more details.

*Linda MowBray, KHCA*