



July 2005

PEAK Project Newsletter

Galichia Center on Aging — Kansas State University

So You Are Building A Wellness Center . . .

Wellness-at-work programs are becoming popular as research suggests that productivity and health are increased with good fitness. Nursing homes that move toward culture change increasingly are looking for ways to contribute to the well being of their staff as well as residents and add services to include the greater community. Wellness centers are beginning to fill in the gap left by gyms.

According to Sandy Coffman, who presented at the IDEA Health and Fitness Association Personal Trainer Summit in New York City last fall, gyms cater to making fit people fitter instead of focusing on the elders and boomers who need exercise the most. Coffman believes that in the past fitness was all about the body but “now is about balancing body, mind and spirit-with an emphasis on the latter two.” She says that “fitness is about the neck up--having a positive attitude and self-esteem, feeling OK about where you’re at now.”

Older adults come for specific needs and wants. She states the wants: “socialization, mind stimulation, leadership, comfort and convenience, laughter and value. The needs include: to improve range of motion, balance, injuries or limitations, and posture.” These needs and wants do not necessarily require a lot of expensive equipment.

IDEA’s president and cofounder, Kathie Davis says, “walking for as little as 10 or 15 minutes a day is an affordable, effective exercise that will never go out of style.” She also suggests programs that are easy on the joints, such as tai chi and water fitness, as well as two to six people group-personal-training. Individuals motivate each other in small groups, when fitness and interests are similar, and the cost is lower with shared sessions.

Larkin, M. (2005). What’s ahead for older-adult fitness? A surprising answer. Aging Today. 26. 1, 5-6.

Food for Thought

Things do not change; we change.
Henry David Thoreau



Never doubt that a small group of thoughtful, committed citizens can change the world. It’s the only thing that ever has.
Margaret Mead

In The News . . .

End-of-Life Care: Questions and Answers

“When a patient's health care team determines that the cancer can no longer be controlled, medical testing and cancer treatment often stop. But the patient's care continues. The care focuses on making the patient comfortable. The patient receives medications and treatments to control pain and other symptoms, such as constipation, nausea, and shortness of breath. Some patients remain at home during this time, while others enter a hospital or other facility. Either way, services are available to help patients and their families with the medical, psychological, and spiritual issues surrounding dying.” This is a link to the Cancer Facts End of Life Care frequently asked questions at the National Institute of Health. It contains numerous helpful hints: cis.nci.nih.gov/fact/8_15.htm.

Pain Supplements

A special supplement on pain and the advances in biomedical research into pain can be found on the website of *The Scientist*, a magazine targeted to researchers in the life sciences. It was made possible by contributions from Johnson & Johnson Pharmaceutical Research & Development. www.the-scientist.com/supplement/2005-03-28

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 are featuring a few more PEAK award winners.

Anthony Community Care Center's story demonstrates what can happen when a community works together. Anthony is a small town (less than 2,400 people) in south-central Kansas. In 2000, Anthony's only nursing home was to be closed, residents moved and workers would lose employment. The town's Industrial Development Board did not want this to happen. The city funded the operation of the nursing home during the transition while formal applications to Kansas Department of Health and Environment (KDHE) and the Kansas Department on Aging (KDOA) were completed. Today the home is an independent entity, operating as a not-for-profit corporation under the direction of a board of directors.

In May of 2000 when the facility became Anthony Community Care Center (ACCC), there were 24 residents. “A total person-centered model of care was the goal,” according to Diane Powell, Director of Nursing. Wages were adjusted and staffing increased as new residents arrived. The quality of care began to be recognized by area physicians, and by December forty two residents called Anthony Community Care Center home.

Extensive community support and volunteerism allowed them to purchase and install roofing materials, as well as work on the heating/air conditioning, plumbing and wiring. Employees, board members and other volunteers painted, helped decorate living spaces, and raised money for new carpeting via a benefit garage sale.

Sharing a vision of a place where residents and employees are enthusiastically involved in daily activities has helped keep everyone excited about the opportunity to create a better home.

CNAs work with the same elders daily and encourage them to make choices about their daily schedule. They also make their own work schedule. Buffet dining has been a great success and elders no longer have to wait to be served. They decide when and what they want to eat.

A spa experience has replaced the battle of the bath, with side-entry whirlpools, relaxing décor, soft music and warm towels. The warm towels are made possible by the towel warmer purchased from the employee club's fundraisers.

"Staff members are committed to the goal of keeping elders active and happy, whatever it may take. ACCC elders have adopted a ball team, gone to horse races, and one even received her wish to ride in a hot air balloon." Four elders traveled with staff to Alva, Oklahoma for the Senior Olympics.

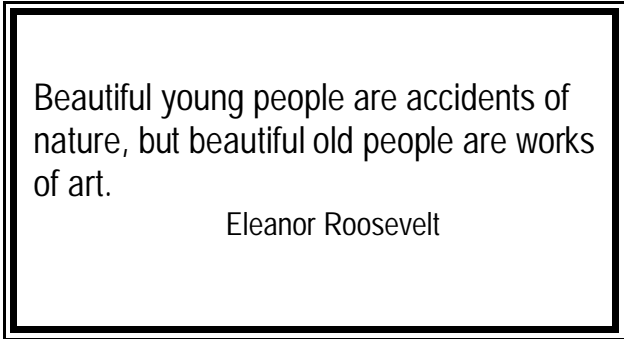
"The last wish committee of the employee club made it possible for one resident and accompanying staff members to spend her 103rd birthday gambling in Las Vegas. The story was broadcast on local television, CNN, and was in several newspapers across the United States. 'Viva Las Vegas' is what she cried as she got off the plane. Anthony Community Care Center is definitely a place where people come to live – not to die."

St. Joseph Village, Manhattan, began their journey to culture change when they moved from a traditional-model home to a new facility built to make resident-centered care in a home-style environment the focus.

One of the early changes for people working at St. Joseph's was the shift in organizational hierarchy. Originally their organizational chart

was a pyramid with management at the top. Currently the depiction is that of concentric circles with the residents at the very center and frontline staff surrounding them. Encircling the frontline staff are ancillary staff as resources – this includes management. This arrangement takes a mind shift that continues to emerge.

Ongoing education, that not only includes staff but residents and their families, keeps the culture change journey moving along. An early education session found family, residents and staff in a court learning circle viewing "Bathing without a Battle" followed by small group discussions. Following this session when a resident requested a late evening shower there was some hesitancy on the part of staff but after discussion there was a belief that residents should be able to bathe whenever they like.



With court meetings, residents are included in the discussions that were once topics for staff only. These involve things such as "pet responsibility" and smoking vs. no smoking on the patios outside the courts.

Prior to the move to the new facility staff began preparation for the coming changes with a series of what they called "QBQ" (Question Behind the Question) inservices. This laid a foundation for dealing with conflict, decision-making and teamwork. After the physical move to a new building with six courts (neighborhood areas designed for 16 residents) a Team Coordinator was designated for each court.

The Team Coordinator's responsibility is to facilitate the teamwork in the court. The court is now the decision-making center for the people who live and work in that court with personal preference guiding the decisions. In the old building there was central control for the whole village and staff efficiency guided the decisions.

Education tools to help court teams work effectively with families include mini-workshops on hospitality, culture change, conflict resolution, and learning circles. Team coordinators are beginning to schedule family meetings and social time in their courts to help families become part of the learning process.

One CMA, who had worked for ten years in St. Joseph's traditional model and is now a team coordinator in the new model, describes the difference this way: "It's less hectic, I know my residents better and can concentrate on their needs and wants. I feel I can give quality care and feel better about my work."

Memorial Home, Inc., Moundridge:

Memorial Home began their culture change journey by starting to staff consistently. When they learned about the concept of neighborhoods they targeted one hall in which to pilot the idea.

Theirs has been a true pioneer experience – not always rosy. They found that they should have taken more time to bring residents and families into the early planning as things did not go smoothly at first. They learned the hard way that in this rural community you shouldn't take down walls and make changes in a perfectly good building; which is what they did to make room for a living room, dining room and kitchen area. They are discovering it takes more time and buy-in from all stakeholders

including residents (even those in independent living), staff, board members, family members, and community leaders for the process to be truly successful.

Three years after the culture change journey began they have changed other halls into neighborhoods although they still need to make some environmental changes to the building. Memorial Home now has permanent and consistent staffing. They have started a mentoring program and no longer hire workers on-the-spot but use behavior based interviewing and contact two references.

The neighborhood leaders are CMAs. Shifts all overlap so there is time for teams to meet. They also have a short stand-up leadership meeting every morning to review the day and record messages between shifts on tape. Neighborhoods hold weekly meetings. Their scheduling is semi-self scheduled. Some staff have set-schedules that don't change and the scheduling for day and evening shifts is done in the neighborhoods. CNAs are invited to attend the care planning meetings of residents in their neighborhoods.

Although the journey has sometimes felt like "pioneering in hostile territory", through persistence and perseverance Memorial Home's efforts are turning into successes.

