1st Annual
Leadership
Compendium

The Best Student Leadership Projects of 2002
We are pleased to announce the inaugural publication of our 1st Annual Leadership Compendium, highlighting the best student leadership projects of 2002. One significant growth area for our students during the practicum year is focused in their leadership and management development. Our program has recently made a stronger commitment to allowing students to gain management experience by taking on significant projects during their practicum. These leadership projects allow them the opportunity to implement and complete projects related to advancing internal and external operations, improve customer service, and engage in the execution of innovative new ideas in the field of health care.

The history of our program over the past 27 years has reflected a positive and respectful relationship with all of our practicum sites. We are already putting resources toward serving you and your organization as a valued partner as we continue to “raise the bar” for educating young professionals in this field. It is our hope that you will not only be impressed with the initial caliber of projects our students are undertaking at your facilities, but may also be inspired to implement similar projects at your facility.

We have distributed this publication to all participating practicum sites, for use by you and your staff, and as a reference for current or future practicum students. We plan to make this an annual publication, and hope that you will find value in this exchange of ideas. We appreciate our ongoing relationship with your organization as we continue to “raise the bar” for future students and within our profession.

Doug Olson, Assistant Professor
Health Care Administration
UW-Eau Claire
715-836-5067
olsondou@uwec.edu

Jennifer Johns-Artisensi, Assistant Professor
Health Care Administration
UW-Eau Claire
715-836-3598
johsarjl@uwec.edu
Table of Contents:

Creating a Rehab Unit: Andrea Solinsky .................................................. 4
Creating a Resident Wish Granting Program: Mike Libby ....................... 8
Creating an End of Life Program: Crystal Potter .................................... 13
The Development of a Volunteer Recognition Award: Chris Krebsbach .... 17
The Development of an In-House Pharmacy: Laurie Metcalfe ................. 21
Establishing an Organizational Vision: Brian Rehm .................................. 25
The “Game”: Amanda Lange ..................................................................... 30
The GROW Camp: Kelly Blaedon ............................................................... 34
The Mentor Manual: Sara Foemmel ........................................................... 37

Appendices:

Creating a Rehab Unit:
A—Peterson Rehab brochure ................................................................. 41
B—Medicare Census graph ................................................................. 43

Creating a Resident Wish Granting Program:
C—“Wishing Well” Program Form .......................................................... 44
D—“Wishing Well” Program Description ............................................... 45

Creating an End of Life Program:
E—Rose Circle Mission Statement ......................................................... 46
F—Explanation of Oak Gardens Rose Circle baskets ............................... 47
G—Meeting Minutes ............................................................................. 49

The Development of a Volunteer Recognition Program:
H—Phyllis Lindquist Volunteer Services Award Criteria ......................... 55
I—Service Award Entry Form ............................................................... 56
J—“Phyllis Lindquist Volunteer Award” newsletter article ....................... 57
Appendices (continued):

The Development of an In-House Pharmacy:
K—Feasibility Study.................................................................58
L—Questions for Pharmacies......................................................60

Establishing an Organizational Vision:
M—Mission, Vision and Guiding Principles of Brewster Village........62

The "Game":
N—Goals of the Game............................................................65

The Grow Camp:
O—GROW Camp Evaluation Form...........................................66

The Mentor Manual:
P—The Mentor Manual.............................................................67
Project Title: Creating a Rehab Unit
Student: Andrea Solinsky
Preceptor: Jerry Schallock
Practicum Site: Peterson Health Care

INTRODUCTION

A trend in elderly services is specialization to develop health care niches to meet the needs of the ever changing markets. One area many health and aging services organizations have explored is to develop units to respond to a population requiring a greater rehabilitation emphasis.

PROJECT GOALS

Petersen Health Care continually searches for innovative approaches to increasing Medicare census internally while externally expanding community services. This project focused on facilitating the opening of the Petersen Health Care Rehab Suites, a new unit within Petersen specifically tailored to serve the needs of younger, more cognitively alert and well-oriented patients requiring therapy while recovering from an acute incident. The patients targeted for the Rehab Suites would be those who typically would choose to return home from the hospital and utilize outpatient therapy options if their only alternative were a nursing home.

The goal of this expansion would therefore be two-fold: Increasing Medicare census within the facility creating enhanced reimbursement opportunities
(please see graph, Appendix B), while opening up a service to a new market and meeting the demands of new clientele within the community who would not normally reside in a typical nursing home (please see brochure, appendix A.)

**Tasks Involved**

The primary tasks involved in establishing the Rehab Suites focused on meeting the expectations of those clients who would typically try to avoid a long-term care facility, yet would be willing to utilize the services of a rehabilitation unit. The fundamental expectations and demands of such patients are different from those in a basic nursing home setting. They typically expect a shorter stay overall and a more service-oriented approach from facility staff.

The Rehab Suites therefore needed to be arranged to serve the needs of a different clientele, which at a minimum required that there be permanent telephone and television service into each room, and that rooms be updated aesthetically. Nurses and CNAs were trained to incorporate a greater “rehabilitation focus,” while providing more intensive case management for individual clients.

A number of departments within Petersen were sought out for input and feedback when initially marketing the Suites and planning an open house for the community. The author, along with the Petersen Admissions Coordinator, visited the facility’s primary referral sources personally to alert
them of the creation of the new service. Area seniors also received a brochure and mailing on the Rehab Suites coordinated by the author and the departments of Human Resources and Community Relations.

**OUTCOMES AND RECOMMENDATIONS**

The Rehab Suites were designed to provide a valuable community service, filling a needed position within the entire long-term care continuum, while also directly benefiting the facility financially by increasing Medicare census. Both goals appear to have been successfully accomplished to this point. The Medicare census has gone up an average of 189 patient days per month at Petersen since the Rehab Suites’ creation, leading to added community exposure as well as financial benefits for the facility.

None of this could have been accomplished, however, without putting a system of active involvement in place among staff and setting out a particular strategic vision for the Rehab Suites to follow. Since nearly all departments within Petersen were affected by this new service, facilitating teamwork and incorporating feedback between all departments was vital to its successful implementation. A strong Director and primary nurse for the unit remain critical to continued success. It is vital to have the Unit Director remain involved in daily operations and in promoting the strategic vision for the new unit, while the primary nurse must be one who can maintain a rehabilitative focus to go along with strong clinical skills. The author also continues to meet regularly with the Unit Director to facilitate ongoing efforts to improve the unit’s operations.
The Rehab Suites have been an overall valuable addition to Petersen Health Care, and Friendly Village as a whole. There have been both financial benefits to the facility itself, and an enhancement to relations between the facility and surrounding communities. Minimal but consistent effort is required to keep the unit operating well once the correct support systems are in place, making the project seem ideal for implementation at other locations.

*Editors' Note*

The conversion of part of a health care facility to serve a specialized population requires a well thought out plan and is a trend that will be on the minds of many leaders for the years to come. This type of change and expanded service benefits the entire organization in both direct and indirect ways.
Project Title: Creating a Resident Wish Granting Program
Student: Mike Libby
Preceptor: Jim Ignarski
Practicum Site: Lakeside Nursing and Rehabilitation

**INTRODUCTION**

Creating an environment conducive to enhancing the resident quality of life is a goal for many health and aging services organizations. Since quality of life is such an objective experience, there are many different approaches facilities have undertaken in attempts to do this. The program described below is a very specific approach with lots of possibilities and upsides.

**PROJECT GOALS**

The *Make-A-Wish Foundation* has remained a successful charity organization for years, operating on the simple but powerful premise that granting a seemingly unreachable, “life-long” wish can be enormously therapeutic to anyone, and especially so for those unfortunately living with the chronic effects of aging and/or terminal illness. The goal of this project was to adapt the premise, and adopt the success of such a wish-granting program with a long-term care facility. When a sister Extendicare facility to Lakeside Nursing and Rehabilitation had great success doing just that, Lakeside itself jumped at the opportunity to start their own program to grant resident wishes. The author of this project, teamed with the Lakeside
Activities Department, set out to implement the concept and make the program a reality.

The resulting creation was named *The Lakeside Wishing Well (please see program description, Appendix D).*

**TASKS INVOLVED**

The author initially spearheaded creation of an administrative team to oversee the project. The team was known as the Wishing Well Committee and consisted of the facility’s Activities Director, its Chaplain, its Provider Relations Director, its Director of Social Services, and the author himself.

With the program in place, and before any wishes could actually be granted, it was necessary for the author to develop an overview of the procedures for the wish granting process (*please see Appendix D for program description.*) This was accomplished primarily through a brainstorming session with the Wishing Well Committee. The result was the Wishing Well form (*please see Appendix C.*)

The author created boxes used to collect the actual wishes, and ultimately designed the form, including the characteristic attached penny. The Activities Director then enhanced the overall program by placing the form into the newsletter mailed to families of residents, and creating a “wish granting invitation” to be given to all those involved in the wish granting
process. This subsequently became a major source for wish granting applications.

With the program off the ground, the Committee met several times to discuss various resident wishes. The author set out to take the lead in organizing these meetings, as well as the planning of each wish and the ultimate decision as to whether wishes were best granted by committee or through other means. Once the project was up and running on its own, the Committee was dissolved and the Lakeside Activities Department took over responsibility for facilitating the program.

Initially the decision was made to grant wishes on a monthly or bimonthly basis, depending on the volume of requests. The supply of wishes, however, became too inconsistent for this to be realistic, especially given the fact that many wishes themselves had time constraints on them. This resulted in implementation of a much more flexible and fluid wish-granting process.

The process basically drove itself once it got going. One ventilator resident wanted to attend Country Jam, a local country music festival, and was able to do so. Another resident simply wanted to get outside the facility and see her old neighborhood where she had raised her family. Lakeside accomplished this through a group activity. Another resident had their wish granted to see their father just before he passed away. One resident wanted a guitar for use in the facility. Another just wanted to go do some fishing. In all, six to eight wishes were granted at Lakeside before this paper was drafted.
OUTCOMES AND RECOMMENDATIONS

The beauty of this project was the simplicity of it, making it highly adaptable to other similar long-term care environments. It could be easily implemented at other facilities with a minimum amount of initial resources. In addition, the Lakeside project generated a great deal of positive feedback. After the initial stages, however, proper organization and regular, active involvement and participation in the project is extremely important if a Wishing Well-type program is to succeed.

Organization of the Wishing Well Committee in the early stages was critical to the process of solidifying ideas and pointing out limitations of the program during its implementation. Ultimately, however, the decision to dissolve the Committee and transfer the program directly to the Activities Department was key to maintaining the efficiency of the operation, as it was no longer dependent on whether or not committee members could arrange schedules to meet on a regular basis. The process seemed best handled by granting wishes when they became available, and not according to a rigid time schedule.

A major key to maintaining the program is to continually remind families, residents, and faculty that the program exists. This seems simple, but if the existence of the program is not properly communicated on a regular basis, it could be forgotten and left to die because it so depends on constant participation. Staff should be encouraged to keep the availability of the program in the forefront of their minds as they communicate with residents.
Those who can benefit from the Wishing Well must know where it is and how to use it, to ensure it remains running, fulfilling requests long into the future.

Editors' Note

This truly is a replicable project, which can be as simple or complex as the adopting organization chooses to make it. One area of potential we would suggest considering further is the use of an auxiliary or volunteer organization in concert with activities or recreation program staff to help maintain this type of initiative. This "feel good" program seems to have the potential for positive benefits for everyone involved.
Project Title: Creating an End of Life Program
Student: Crystal Potter
Preceptor: Brian Kallio
Practicum Site: Oakwood Villa and Gardens

INTRODUCTION

Death is an eventual part of life and people working and living in long-term care settings are exposed to this final outcome on a regular basis. Supporting individuals during this time of transition is a good programmatic decision for any organization. This project describes elements of one formal program established in an assisted living setting.

PROJECT GOALS

There are not a large number of deaths in any assisted-living facility, but there are certainly enough to justify making the process of dying a focal point in the care and services rendered by those facilities. While most long-term care institutions certainly encourage maximum involvement by staff and family members while helping a tenant through the dying process, the programs and services provided by those facilities are not always looked at as a coordinated, unique process.

With that in mind, the primary goal of this project was to create a formalized “End-of-Life” program for the Oak Gardens Assisted Living facility. The result would hopefully be a program that would provide special services and
support to tenants who are dying, while also assisting staff members and the tenants’ families and friends throughout the process. Creating such a program would then allow the dying tenant to receive the dignity and respect they deserved while living through their final days.

**Tasks Involved**

The first task was to establish a “big-picture” overview of what the program would look like and what resources it would require to set up and maintain. Working with the Oak Gardens Wellness Coordinator, the author envisioned the pieces of the project as including establishing the process and contents of the program, putting together a concrete policy to guide the program’s use, and then training staff according to the process and policy to make the program work. In addition, the author researched outside sources to determine what other facilities had done in creating similar programs, including using a sister facility (the Lakeside End-of-Life program), as a starting point and model.

The author then formed a group within Oak Gardens to act as a task force of sorts in developing and finally implementing the program’s specifics. The group included the author along with the facility’s Activities Coordinator and Wellness Coordinator; a personal care aide; two tenants; and a member of a previous tenant’s family. Each member played an important role in seeing the goal to accomplishment while providing a valuable range of perspectives on the issue. This involvement also helped promote ownership and buy-in among staff involved in the program.
The project itself was ultimately given the name “The Rose Circle,” and the group created the project’s mission statement (please see Appendix E.) The group also decided that a primary component of The Rose Circle should include a packet of items given to each family to ease the process and make caregiving for the patient more holistic. This package, called “The Rose Basket,” included everything from an overnight kit for family members to a sampling of books on the grieving process (please see appendix F), and was enthusiastically created largely by the tenants in the development group.

To a great extent, the project simply ended up formalizing and adding some detail to much of the involvement staff already had in the tenants’ stay, particularly at the end of life. The group’s meeting minutes (please see appendix G) outline the more specific details of the program.

**Outcomes and Recommendations**

It is extremely important to ensure that tenants in any elderly care facility are treated with dignity and respect while going through the end-of-life process, and this program has assisted greatly in doing that. It is equally important when putting together a program such as this, that those involved recognize that the program will work best when content is allowed to evolve as support staff and tenants are encouraged to participate. Continuing inservices on the topic allow for greater detail to be added to the project as new ideas are generated.

The project was certainly an enjoyable one overall. In its success, it was something that was a particularly positive learning experience and definite
confidence boost for the author --- as it no doubt would be for anyone willing to undertake a similar program.

**EDITOR’S NOTE**

We in the field of health and aging services are entrusted with the privilege of being present with individuals as they walk through the last chapter of their life. It is the responsibility of all organizations to make sure they have paid the necessary formal or informal attention to assist in easing any burden for individuals and the entire community exposed to this process.
INTRODUCTION

The importance of volunteerism in the delivery of aging services today is becoming even more critical with an ever-decreasing supply of staff and resources. This project details various components of developing an award for recognizing the efforts of volunteers, which is critical to a successful overall volunteer program.

PROJECT GOALS

The Margaret S. Parmly Residence has a rich history of honoring its traditions and heritage. One of those traditions involves placing a great importance on the value of volunteering. This project sought to continue that rich history and celebrate it into the future by creating the Phyllis Lindquist Volunteer of the Year Award (please see Appendix J.)

In addition to commemorating campus-wide involvement in volunteering, the hope was that this award would illustrate the importance leadership places on volunteering, while strengthening the community connection between campus residents. The main purpose of the award, however, was to
honor someone who has given her time to the Parmly Residence and other volunteer causes for over 75 years.

**TASKS INVOLVED**

The initial stages of this project involved a sales pitch of sorts, aimed at gaining acceptance of the idea from a wide range of individuals, with differing backgrounds and responsibilities. The author joined the Parmly head of Volunteer Services and head Social Services Coordinator in forming the primary committee to create and institute the award. It was necessary initially to determine the feasibility of instituting this award across the entire Parmly campus (including several different resident locations) while having a solid grasp of exactly whose involvement would be necessary to perpetuate the award in the future, an important aspect of its acceptance. Another critical component of initial research into the project was to ensure that the person in whose honor the award was named would “play well” to the campus public, without leaving anyone feeling snubbed or cheated.

After deciding on the honoree, it was important to ensure that the award’s selection and planning committee --- those who would ultimately choose each Volunteer of the Year --- represented a proper and balanced cross-section of individuals from the entire campus. The result was a group comprised of management and tenant council representatives from each of the four Parmly locations, as well as members of the pastoral care, social services, and community development operations. The actual criteria for selecting each winner are outlined in *Appendix H*. *Appendix I* shows a copy
of the actual Entry Form by which campus residents could nominate their selection.

Ultimately, it was extremely important that systems and guidelines were set up in order to enable the project to be carried on into the future. A vital part of this was ensuring that all individuals involved understood its criteria and intent.

Designing the Award itself was simplified by the existence of two similar awards already part of the Parmly campus. The Isabelle Lindgren Award for Employee Appreciation and the Board of Social Ministry’s “Staff Volunteer of the Year Award” served as models for the project’s criteria and guidelines.

**Outcomes and Recommendations**

Thorough preparation and a pro-active mindset on the part of the organizer are critical to making this type of operation succeed, all the way from the initial discussions on feasibility to the final presentation of the award. Also, taking the time to properly research and determine the award’s namesake turned out to have a twofold benefit: The people who would perpetuate the award were easily agreed on its importance; and, it was an ongoing source of personal gratification both for the author and everyone involved.
EDITORS’ NOTE

The importance of being clear, fair and thorough when recognizing individuals is often overlooked. Paying reasonable attention to this need has the ability to avert unnecessary hard feelings and resentments. This work can serve as a template for others to use in the development and/or refinement of their own organizational awards program.
Project Title: The Development of an In-House Pharmacy
Student: Laurie Metcalfe
Preceptor: Craig Barness
Practicum Site: Lutheran Homes of Oshkosh

Introduction:

The current fiscal challenges of the health and aging services field make it necessary to evaluate and review a variety of business and service components. One of the key questions is whether the activity should be done internally, contracted out, or some other hybrid structure. Pharmacy is one of these particular activity areas that fit the criteria for this type of evaluation and the accomplishment of this arrangement requires a careful plan of activity.

Project Goals:

Lutheran Homes of Oshkosh (LHO) recently launched a multi-faceted enhancement of its business plan entitled the Strategic Map to the Future. A specified goal under this plan was “(To) look for ways to broaden (LHO’s) base of revenue through vertical market expansion opportunities.” As part of this goal, LHO determined that it needed to “Investigate the feasibility of bringing pharmacy services in-house for campus residents, employees, and community members.”

In other words, the task, which became the basis of this project, was to determine whether an on-campus pharmacy would be feasible for Lutheran
Homes of Oshkosh. The ultimate goal was to create and provide a successful service for residents, staff, and the public, which would subsequently broaden LHO’s revenue base while reaching a stated goal of the strategic business plan outlined in the Map to the Future. The author undertook the project with the assistance of LHO’s President and Chief Executive Officer, Mr. Craig Ubbelohde.

Tasks Involved:

Background for the project consisted of a tour of similar operations in other locations, as well as a detailed feasibility study for the LHO location (please see Feasibility Study, Appendix K), a meeting with an architectural firm to discuss space for the pharmacy within the LHO, a tour by newly hired pharmacists to assess the then-current LHO medication distribution systems, and finally a presentation to the LHO Board of Directors for approval of the project.

Two off-site locations in particular served as the model for the LHO pharmacy project. They were Maplewood in Sauk City, WI, and the St. Mary’s Care Center in Madison, WI. Each was questioned extensively to develop a profile of the most exemplary model in-house pharmacy. Questions ranged from clientele served to physical spacing requirements, computer software used, and ultimate financial performance of each facility (please see Appendix L for Questions).

As this was an integrated part of the ultimate LHO business plan, the project involved significant interaction with administration at every step, including but not limited to Mr. Ubbelohde, the CEO, who was the driving force.
behind the project. Significant coordination of outside resources was also necessary. Wipfli Ullrich Bertelson, LLP, completed a financial assessment of the project as part of the feasibility study, and Larson Architects handled the evaluation of physical space as provided by LHO. In addition, Mr. Ralph Kalies acted as a consultant to pharmacy operations throughout the project. One of the keys to this type of project is the appropriate and adequate involvement of the right type of resources.

Key Findings and Recommendations:

The LHO Board of Directors ultimately approved the project, hired two pharmacists, sought licensing, and will oversee completion of the final space in the lower level of Bethel Home, part of the LHO campus. The LHO back-up plan is to lease the building space out on a contract basis if the pharmacy plan is somehow unsuccessful. Nonetheless, the facility hopes to have the pharmacy up and running in the near future.

Research and information gathering was necessarily very thorough as the project commenced, but could easily serve as a model for similar projects elsewhere. That the project was both a successful leadership experience for the author and a practical enhancement of the business plan for LHO would seem to only add to its potential attractiveness to other, similar facilities.

EDITORS’ NOTE

This project serves as a good example of the type of evaluation that could be done within an organization, and also contains some nicely developed templates for consideration or use by others. We also are very aware a decision involving the right type of business structure involves a variety of
factors. A thorough analysis of the positive and negative impacts of each type of decision needs to be carefully considered. The outcome of that type of review is different for every organization and service activity, and describing that process is not the intended goal of this author.
Project Title: Establishing an Organizational Vision
Student: Brian Rehm
Preceptor: Dave Rothman
Practicum Site: Brewster Village – Outagamie County

INTRODUCTION

One of the key elements of effectively leading an organization is having a clear understanding of the direction of the organization. In today’s challenging operational climate it is sometimes hard to pay enough attention to outlining the future road map when you are trying to survive the alligators at every intersection. Broad support and acceptance of your vision by the organizational community is essential in today’s health care environment. The culture of an organization has to understand where the organization is headed and how everyone together will to get there.

PROJECT GOALS

Businesses in all areas often turn to the concept of the “mission statement” to help employees and the public get a clear, concise, and precise idea of the philosophies governing their present and future operations. The hope is that by publicly displaying what is, in essence, the organization’s reason for existence, the business both helps to shape the public’s expectations for their operations, while challenging their staff members internally to adhere to a clear set of expectations and standards of excellence.
Upon moving from an older to a newer and more modern facility, Brewster Village saw a need and an opportunity within their organization to take the mission statement concept a step further. This project was designed to help facilitate that opportunity and make it a reality. The author and members of the Brewster administrative team determined that to set proper guidelines for the organization, three types of "statements" were necessary. The first, the "Vision Statement," would explain the philosophy under which Brewster would like to be operating at a point five to ten years in the future. The second, the "Mission Statement," would express the philosophy for current Brewster operations. Finally, the "Guiding Principle Statements" would tie the "Vision" and "Mission" statements together, listing general themes and methods necessary for the organization to operate under the Mission while continuing to move toward the Vision.

The goal was to have these statements published and publicly viewable so that employees, residents, family members, and community resources could reference them to get a clear picture of the goals and operational style of Brewster Village. Ultimately, the organization would like to foster collective agreement on these statements, which would help facilitate a buy-in for a necessary shift in the organizational culture. This change in organizational culture will help people move toward the accomplishment of these goals.

**TASKS INVOLVED**

The administrative team selected to create these statements was initially divided into three groups. By asking each group to envision what families might say when comparing the old and new Brewster environments, then to
report on what they would prefer family members and residents said about
the new facility, each group developed an example Vision Statement. These
three statements were then hung together on a wall, analyzed, and compared
by the team as a whole. The team then extracted key words and similar
themes that developed from the comparison process.

At that point, the Brewster Rehab and Social Services coordinator, a social
worker from the facility, and the author met to build a coherent Vision
Statement out of those key words and common themes. The next step was to
send a series of informal memos to the team as a whole, gathering feedback
on the results. Revisions were made according to the feedback until the
entire group was satisfied with the statement’s content.

The same process was followed to create the Mission Statement, with an eye
toward the current operations of the facility rather than future goals.

After developing the Vision and Mission Statements, the administrative
team was asked to list themes and concepts that would guide the
organization from its Mission to its Vision. An initial list of over fifty
statements resulted. The same three-person group consisting of the author,
Rehab and Social Services coordinator, and social worker combined and
edited these fifty statements down to twenty-six. The administration team
was then asked to survey the twenty-six and rank their top ten choices.
Ultimately, six of the top ten were kept and became the “Guiding Principles”
for Brewster Village (please see Appendix M for the Guiding Principles.)
The next step was to facilitate the implementation of the chosen statements. For this portion of the project, the administrative team was asked to respond to four scenarios challenging the current “medical model” nursing home concept by using the newly created statements. This activity was repeated among the Neighborhood and Social Work managers, who discussed these philosophies with their staff during small group meetings. The purpose of these meetings was to get widespread organizational awareness and support.

A bulletin board in-service was then used to convey and introduce the new statements to all employees. Other in-services dealing with varying topics at Brewster integrated the Mission, Vision, and Guiding Principle Statements in showing the importance of how and why each particular service is provided. Finally, a copy of the Statements was enlarged, framed, and hung in a central location within Brewster Village for residents, families, and employees to reference on a continuing basis.

**Outcomes and Recommendations**

The Vision, Mission, and Guiding Principle Statements have had, and continue to have, a direct and positive impact on many aspects of employee life within Brewster Village. The process starts at new employee orientation, which now includes a presentation from the head administrator on the importance of the Statements. Each new staff member is given the opportunity to ask questions in order to fully understand how the philosophies conveyed by the Statements relate to their individual jobs. This helps reassure new employees that they are important to the success of Brewster Village’s mission, while demonstrating that the statements can
help them voice their ideas effectively while continually challenging them to provide the highest quality of service to the organization’s clientele.

**Editors’ Note**

This project highlights the importance of being able to see the forest for the trees and the ultimate impact of this type of exercise on the culture and delivery of services for the organization. This project is very relevant considering today’s changing climate driven by customer and societal expectations, and is one example of how to implement this process.
Project Title: The "Game":
Student: Amanda Lange
Preceptor: Randy Bestul
Practicum Site: Syverson Lutheran Home

INTRODUCTION

The challenges of the need for a service workforce in a time of diminishing resources and staff creates the need for employers to continually look for new ways to encourage proactively positive work behavior. This need for innovative thinking must be tempered with efforts to keep things practical and simple.

PROJECT GOALS

This project focused on the time-honored concept of creating team motivation through friendly competition. By creating "The Game," the author aimed to create entertaining incentives for employees and staff to improve upon group-oriented behaviors such as attendance, meeting participation, covering of shifts, and other involvement in personnel issues at her facility (please see Appendix N for Project Goals.)

TASKS INVOLVED

After creating teams from the various departments within her facility, the author designed a game board and point accumulation system as the foundation for "The Game." The board consisted of 20 squares that could
be traversed by accumulating points, at 100 points per square. Differing point levels were assigned to the completion of various tasks (perfect work attendance, attendance at meetings, “Pool Free” days and weeks, picking up shifts, minimizing complaints, etc.) Every 100 points accumulated meant the team could move one square further on the board. Each team was encouraged to accumulate as many points as possible, traveling the board as many times as possible. The winning team would have the greatest number of points at the end of the quarter, when the point slate would be wiped clean and the game started over. In addition, each fourth square represented an additional prize, such as free meals, movie tickets, treats, or pizza.

Unfortunately, the teams were counted upon to keep track of their own points, and generally failed to do so. Also, the inter-departmental teams often failed to communicate, unexpectedly leaving most of the logistical problems to the author. It is also likely that the complexity of the game and incentives contributed to the poor reporting and eventual demise of this program.

OUTCOMES AND RECOMMENDATIONS

The general concept of “The Game” is one that is highly applicable in any team-oriented work environment. Competition to achieve desired incentives tends to come naturally to humans and can be a tremendous motivator to improve or change behaviors, and maximize performance. Unfortunately, as with any competitive activity, participation is key, and non-participation can stop a project before it ever gets started. In this case, it is important to think clearly about the potential reasons for non-participation.
This project demonstrated the delicate balance that must be struck when trying to create an outcome-based group competition. The outcome must be seen as beneficial to all involved, yet the incentives must be such that some are motivated to work harder than others to "win" the competition. The author of "The Game" found that while the creation and implementation of the project were pleasurable and constructive activities, the incentives within the program did not motivate staff members to achieve the desired outcome by changing their behavior in noticeable ways. Greater involvement of staff in the creation of "The Game" may be one strategy to help achieve greater success in the future with similar incentive programs. The teams did not monitor their progress and seemed unmotivated to cooperate. As a result, issues such as attendance problems and lack of inter-departmental communication tended to continue, despite enthusiastic participation from some people. One dynamic warranting consideration is the value of group efforts as opposed to programs rewarding individual behavior. Choosing the appropriate approach is a decision requiring careful thought and further research.

In the end, the author determined that voluntary teams and a more easily-monitored set of rules and incentives would make "The Game" more successful. After ironing out the right details and with creation of proper incentives, a project such as this would no doubt succeed in any team environment.
EDITOR’S NOTE

It is important to be able to show human resource outcomes that justify incentive programs that are put in place, but first programs must be accepted and used by staff. The lessons learned from this project may be that simplicity and the right type of incentives are key variables to a successful employee motivation program.
**Project Title:** The GROW Camp  
**Student:** Kelly Blaedon  
**Preceptor:** Bonnie Zabel  
**Practicum Site:** Marquardt Memorial

**INTRODUCTION**

For a variety of unfortunate reasons including ageism and the nursing home stigma, careers in traditional long-term care settings continue to have a generally negative reputation among the public. Conversely, there continues to be a great need for new and quality people to enter the workforce in this industry as the percentage of elderly in our overall population steadily increases. This project centered on the need to raise awareness and communicate a positive image to the “next generation” of potential long-term care employees.

**PROJECT GOALS**

The GROW (Geriatric Resources in Our World) Careers Day Camp experience was developed to bridge the gap of understanding by providing learning modules for young people in grades 5 through 12 in a real long-term care setting. The hope was that these modules would help these young people identify personal interests, abilities, and skills relevant to a career in the long-term care industry. The GROW program was designed to create a comfort level for these youth in working and being together with geriatric clients. The intent was that these young people would leave the experience...
with a better image of long-term care, have some fun in the process, and hopefully, increase their desire to explore a future career in the industry.

**Tasks Involved**

The project centered around a relatively straightforward “shadowing” program whereby students were allowed to interact with geriatric residents of the Marquardt facility as the residents went about their daily routines. The camp lasted three days, from 7am to 3pm each day, and the youth were split into two groups, grades 5 through 8 and grades 9 through 12.

The participants shared activities with the residents on individual and group levels, such as serving them lunch in the Manor Café and joining in a fun game of intergenerational bowling. They were also continually educated on the conditions faced by the residents on a daily basis, including but not limited to being fed by someone else; moving with a wheelchair; ambulating with deteriorating eyesight; and wearing earplugs to simulate hearing loss. These tasks no doubt helped in aiding the students’ overall self-development by increasing their appreciation of the challenges faced by aging residents and their attending staff, while improving their view of the industry itself.

Additionally, each student was educated on aspects of general career development, including interviewing, writing resumes, and filling out actual job applications.

As part of the organization and planning for the project, the author was able to secure donations of food from area restaurants and from staff members themselves, which helped the project immensely. This sense of participation
increased the awareness and interest of both the internal and external community.

OUTCOMES AND RECOMMENDATIONS

This project seemed to be a solid success in that it was able to meet its goals of broadening the awareness and educating the student participants, while also serving as a beneficial learning experience for all residents and workers involved. The project was based on a highly interactive concept, yet one which could be easily adapted by other facilities. It showed clear promise as both a community and facility building activity, and a potentially positive marketing tool for individual facilities and the industry as a whole. In the end, the GROW camp was beneficial on many levels, and an overall success. (Please see Appendix O for Evaluation Form.)

EDITORS’ NOTE

This program is available for duplication from the Wisconsin Association of Homes and Services for the Aged based in Madison, WI. Marquardt Memorial served as a pilot site to test the implementation of this effort.
INTRODUCTION

Searching for new ways to facilitate greater retention and employment opportunities is a widespread goal. One of the primary areas of focus with this effort is with the direct service staff.

PROJECT GOALS

The original goal of this project was to help facilitate the creation of a new “Department Lead Worker” position within the author’s facility. The Clairemont in Eau Claire established the position as part of its union contract, and the author decided to take on the project as part of her practicum. The ultimate goal was to create a position that would be a resource for autonomous team building within departments, and a quality assurance enhancement tool. It would hopefully make the flow of information to all employee levels more efficient, and free management to increase their focus on larger facility issues and less on daily oversight of workers.

Unfortunately, the Lead Worker project met with a case of bad timing as it was being implemented at the same time as the Clairemont’s major Annual
Survey. The author and administrators determined that insufficient time and resources were available to put toward the project, and thus it was suspended, and eventually terminated. This was a very frustrating lesson and a situation that should be averted whenever possible, although the reality of the health care field sometimes makes such circumstances unavoidable.

Luckily, the author was able to generate a successful “Plan B” after the Lead Worker program met its demise. The result was a “Mentor Manual.” Following a successful trend in the long-term care industry, the manual was developed with the much-needed goal of aiding new employee orientation training at the Clairemont, thereby helping incoming employees get more quickly acquainted with the facility and its people.

**TASKS INVOLVED**

Creation and distribution of the manual were the primary tasks involved in completing the project. The manual would then serve as a template for the training of those employees who would act as mentors toward incoming hires during orientation. The project author created the manual with the assumption that, at least initially, the mentors would need to learn *how* to mentor even as they acted in the role of mentor for the first new employees. It is important to be able to provide them with resources to help shape their behavior as they work with these new people.

With that in mind, the manual itself (*please see Appendix P*) began by defining the term “mentor” and outlining the objectives of the program, particularly focusing on the primary roles of a mentor in the author’s eyes.
(as Role Model, Socializer, and Educator) and putting those roles in the context of a long-term care facility such as the Clairemont. Those roles were then shown to frame the three primary qualities the Clairemont wanted mentors to possess: Adequate patient care-giving abilities, leadership skills on “the floor”, and the necessary personal attributes to be a proper support system for the new employees they mentor (known as “orientees.”) The remainder of the manual focused on the unique aspects of learning as an adult, and their relevance and specific implications to the mentoring process.

It is important to ensure that participants in important employee programs get both standard and organization specific rationale for any new approaches.

OUTCOMES AND RECOMMENDATIONS

The project was ultimately a success despite the fact that a conceptual detour had to be made to achieve it. In the process, lessons in proper resource allocation and time management were learned and could be built upon. The original “Lead Worker” program met an unfortunate end, but led in turn to the creation of a program framework that will no doubt be beneficial to the Clairemont, its residents, and its future staff. The need for staff cohesion during turnover is not unique to one facility. The concept of the Mentor Manual and its positive effects on orientation of new employees is one that could be easily applied elsewhere.

EDITOR’S NOTE

The information from this report and other external resources highlighting key mentor characteristics and practices should be used as standard practice
in the future. Resources need to be adapted to each organization and also be somewhat flexible depending on the culture. The informal practice of mentoring new employees has been around for many years and would benefit from an increased attention on foundation concepts and the value of relationships. The attached reference material is not the original work of the author, and is only intended to serve as a sample of potential resources.
Our Mission
Our mission is to improve the quality of life for our patients by providing personalized, comprehensive short-term rehabilitation services aimed at achieving the highest possible level of recovery and independence in a warm, comfortable and caring setting.
I'm tired of staying in bed.

Petersen Rehab Suites bridges the gap between hospital and home, in a highly professional yet far lower-cost setting. Petersen Rehab Suites, is located in the lower level of Friendly Village Health Care and Rehab Center. Patients enjoy rehab therapy and highly skilled nursing in a comfortable setting as they progressively recover from elective orthopedic surgeries, a stroke, major infection or other illnesses and injuries.

Rehab Suite Amenities

- Suites with private bath, telephone, and cable television
- Recreational services (i.e., church services, socials)
- Semi-private suites
- Personal dining room complete with kitchenette
- Menu Selections
- Transportation available

Telephones are available to help ease patients along the road to recovery, keeping them in touch with family and friends.

Intensive Rehabilitation

Petersen Rehab Suites provides comprehensive, highly-intensive, individualized rehabilitation programs for adult patients who are able to actively participate.

Petersen Rehab Suites Services Include:

- Physical Therapy Available up to Seven Days per Week
- Occupational Therapy Available up to Six Days per Week
- Speech and Language Pathology Available Five Days per Week
- Intravenous Therapy (hydration, pain management, antibiotic)
- Skilled Nursing 24-hours per day, Specializing in Rehabilitative Care
- Comprehensive Wound Management
- Therapeutic Diet with Menu Choices designed by our Registered Dietitian
- Family Education and Comprehensive Discharge Planning

Sure, time may heal all, but why wait?

Case Management

Talented, experienced therapists, nurses, aides and other professionals team up with the patient, physician and family to design and implement an intensive plan of care, treatment and participation.

Each patient is evaluated on an individual basis and we communicate with case managers and discharge planners to implement treatment plans which effectively cover the patient’s health care needs throughout their short-term stay.

Also, in response to increasing medical costs, Petersen Health Care's highly trained staff actively participates in the private insurance and Medicare delivery systems. Petersen Health Care is thoroughly acquainted with and accustomed to direct billing insurance companies, both primary and supplemental.

Petersen Rehab Suites will show you the way home.
Appendix C:

Wishing Well Program

Date: ____________
Residents Name: ________________

Residents Wish: ________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Submitted By: ________________
Relation to Resident: ________________
Phone Number: ________________

Attach Penny
Appendix D:

Wishing Well Program
"Making Resident Dreams Become Reality."

Program Description

Wishing Well Boxes are located at the front desk of each building.
Boxes include:
   - Basket of Wish Forms to be filled out by resident, family, or staff.
   - Basket of 15 pennies. Pennies should be attached to the form and will be reused.
   - Tape dispenser will be available.

The Wish Form is attached to the back of the program description.

After the Wish Form is filled out, the Form is to placed into a slit on the top of the box.

The Wishing Well Committee will extract the Wish Forms on the last Monday of the month and will hold a meeting during the last week of the month. If no wish is placed in either box, the Committee may cancel the monthly meeting.

The Wishing Well Committee will decide if, when, and how we will be able to grant the wish of each particular resident.

Once the committee decides which Wishes are able to be granted, the committee will inform the resident, the individual who filled out the form, and the resident's family/guardian.
   - The timing of when and which individuals are told will be at the committee's discretion.
   - The committee will also need to decide on the particulars for granting each wish.

Wishes will not be granted on a regular/consistent basis, but instead will be granted when appropriate.

3/15/2002
Appendix E:

Rose Circle
Mission Statement

The Oak Gardens Rose Circle caregivers embrace tenants, family and co-workers with spiritual, medical and bereavement support at the end of life, ensuring care and dignity for all.
Appendix F:

Oak Gardens Rose Circle

The Oak Gardens Rose Circle caregivers embrace tenants, family, and co-workers with spiritual, medical, and bereavement support at the end of life, assuring care and dignity for all.

Families are encouraged to approach any staff member with concerns or needs as they care for a loved one during this time.

**This basket is provided for your use. The following items in the basket are gifts for you and your loved one:**

- Rose journal and pen for recording memories, thoughts, and feelings (along with a list of questions that can be used to initiate stories and memories)
- Notebook for making lists, noting phone numbers, etc.
- The booklet “Gone from my sight,” which describes the dying experience in a very simple and straightforward manner
- Care Kit (the drawstring bag), which contains lotions, body mist, lip balm, mouth swabs, straws, toothbrush, toothpaste, comb, and scented plug-in—items to aid in comforting your loved one
- A few snacks

**The following items are for your use during this time but should stay with the basket:**

- A CD player and headphones
- A variety of CDs
- A deck of cards
- Pair of polar fleece booties, for the tenant to use if feet are cool
- Polar fleece blanket and pillow, for family to use if they wish to spend the night near their loved one
- Three books: *Final Gifts, Living the Dying Process,* and *Good Grief*
- Sachets, perhaps to tuck under a pillow or place nearby
- Room freshener
- Night light

A children’s basket is available upon request. The basket includes drawing paper, coloring book, crayons, snacks, and several children’s videos.

Meals are available for family members who are providing care; ask any staff member for further information. A sleeping room may be used by families for short-term accommodation if there is an available room. Please consult with a staff member if you are interested in this service.

The Oak Gardens library, which is located in the upstairs living room, is also available for family members as a quiet place to sit and read or just “take a break.” The library books are available to be borrowed.
Appendix F:

A Recipe for the Rose Basket

1 CD player and headphones

1 Soothing CD (as well as a listing of other CD titles available upon request)

1 Rose Journal and pen—for writing memories, thoughts and feelings (as well as a list of suggested questions to reflect on during this time)

1 booklet “Gone From My Sight”—booklet describes the dying experience in a very simple and straightforward manner

1 “Care Kit”—Kit contains lotions, body mist, sachet, plug-in, comb, straws, mouth swabs, and lip balm

Aerosol Spray

1 Night Light

1 pair polar fleece booties—for the tenant to use if their feet or hands are cool

1 polar fleece blanket and pillow—for family to use if they wish to spend the night near their loved one

3 books: Final Gifts, Living the Dying Process, and Good Grief

A few snacks
Appendix G:

End-of-Life Care and Support Program
Meeting Minutes
October 22, 2002

Present:  Crystal Potter  Trisha Duyfhuizen
          Janet Oliver  Dorothy Moldenhauwer
          Emilie Anderson  Wilma Kiest

Absent:  Judy Johnson-McCabe

1. End-of-Life Program
Lakeside Nursing and Rehabilitation in Chippewa Falls has recently implemented an end-of-life program. We will be taking a look at their program to develop an end-of-life program for Oak Gardens. Our goal is to have the program developed and implemented by December 20th.

2. Name and Logo
Lakeside’s name and logo is the rose because it represents the circle of life—the rose bud represents childhood and youth; the rose in bloom represents the adult phase in one’s life; and fallen rose petals represent the last stages of a person’s life. We decided to also use the rose name and logo for our program because it is a wonderful representation of life.

3. Mission Statement
We looked at Lakeside’s mission statement and really liked it, but would like the Rose Circle to include more than the members at this meeting. We would like the Rose Circle to include everyone on staff. Crystal will come up with a mission statement to express this and bring it to our next meeting.

4. Education
Thought we could use the monthly newsletter to educate tenants and families. We could educate staff through an inservice. Everyone was encouraged to be thinking about the education piece, but it will not be one of the first things we work on.

5. Rose Basket
We discussed possible items to go into the Rose Basket. Emilie, Dorothy and Wilma are going to go to Michael’s sometime within the next week to purchase the baskets and journals. Everyone liked the idea of having aromatic sachets, possibly using rose petals. Oils and lotions were also items that we may have in the basket. Janet will work with a couple of tenants to purchase the material and make polar fleece booties, blanket and pillow. Crystal will check with Lakeside to see if they use a pattern for the booties. We discussed handing out the journal prior to the basket in some situations.

6. Care Kit
   The care kit will contain lotions, straws, mouth swabs, mouth moisturizer, lip balm or Vaseline. We need to decide what kind of container these things will go into.

7. Children’s Basket
   We will have a children’s basket available. Children’s video’s and CD’s could be included.

8. Resources
   We will have a library book resource list as well as a CD resource list. Crystal will pick up blank CD’s and markers to write on the CD’s. Everyone is encouraged to bring some of their own CD’s from home to next week’s meeting. Trisha would be happy to copy some CD’s for us.

9. Quilt
   Tenants are currently working on the quilt that will be used to drape over someone as they are being escorted out the building. A fresh rose could be placed on top of the quilt. We could have silk flowers on hand for when it isn’t feasible to have a fresh rose.

10. Memorial
    We could have a small table by the dining room with a single rose in a vase, a picture of the tenant, and a listing of memorial/funeral services. A single rose would be sent to the funeral/memorial services, hand delivered if possible.

11. After Death
Two weeks after death, a handwritten card (with a rose on the cover) will be sent to next of kin offering thoughts, as well as a listing of local grief support groups and a copy of booklet “My Friend, I Care.”

Our next meeting will be Wednesday, October 30th at 2:00pm in the Private Dining Room.

Minutes submitted by Crystal Potter.
Appendix G:

End-of-Life Care and Support Program
Meeting Minutes
October 30, 2002

Present: Crystal Potter Trisha Duyfhuizen
         Janet Oliver Dorothy Moldenhauener
         Emilie Anderson Wilma Kliest
         Judy Johnson-McCabe

1. Name and Logo
Crystal passed around samples of Lakeside’s rose logo’s. Crystal will try to get original logo’s from Lakeside. Janet will check to see if she has rose stamp.

2. Mission Statement
We decided on the following:
The Oak Gardens Rose Circle caregivers embrace tenants, family and co-workers with spiritual, medical and bereavement support at the end of life, ensuring care and dignity for all.

3. Rose Basket
Emilie, Dorothy and Wilma purchased the basket and journals. The Rose Basket will include:
1 CD Player/Radio with headphones
   * Crystal, Dorothy and Wilma will get
1 soothing CD (as well as a listing of other CD titles available)
   * Trisha will burn CDs
1 Rose Journal and Oak Gardens pen
1 list of suggestions/questions to be used to encourage reminiscence and writing in the journal
   * Emilie is going to come up with, focusing on four areas: family history, childhood memories, life philosophy, life accomplishments/adventures
1 small plain notebook
   * Crystal, Dorothy and Wilma will get
1 booklet “Gone from My Sight”
   * Emilie will order booklets
Appendix G:

1 Care Kit (will include: lotions, straws, mouth swabs, lip balm, plastic comb, night light, toothbrush and toothpaste, lemon drops, gum, peppermint hard candy, scented Plug-in)—scented aerosol spray will also be available
  * Crystal, Dorothy and Wilma will get items for kit
  * Janet will make draw string bags for items
1 aromatic sachet (lavender or rose)
  * Janet will get materials and make.
1 pair polar fleece booties
  * Crystal is waiting to hear back from Lakeside to get a pattern. Janet will get material and help tenants make booties.
1 polar fleece blanket and pillow
  * Janet will get material and help tenants make blanket and pillow.
1 Rose Circle Resource Library book listing
  * We will start with having a few books available in our library to see how it goes.
  * Crystal will check with Lakeside for their recommendations.
  * Judy brought an excellent book to share, Final Gifts By: Maggie Callanan and Patricia Kelley. She is going to get another copy to include in the basket.
  * May also include a Chicken Soup for the Soul—Janet will check with her collection.

4. Children’s Basket
   The Children’s Basket will include: children’s video, children’s CD, coloring book, crayons, blank paper, snacks (i.e. teddy graham).
   * Crystal, Dorothy and Wilma will get items.

5. Note to accompany Rose Basket
   Note will include: an explanation of the Rose Basket Program, a reminder to use the library upstairs, children’s basket available upon request, reminder that meals are available, we will provide a room for family use if available (Rose Room), which items to keep/return.
   * Trisha will draft letter. Emilie and group will proof.
   * Crystal, Dorothy and Wilma will purchase items to have on hand for Rose Room (soap, shampoo/conditioner, toothbrush, toothpaste etc.)
Appendix G:

6. Quilt
Tenants are currently working on the quilt that will be used to drape over someone as they are being escorted out the building. Tenants are also working on a plaid quilt that could be used for men. A fresh rose could be placed on top of the quilt. We will have silk flowers on hand for when it isn’t feasible to have a fresh rose.

*Emilie, Dorothy and Wilma picked up silk flowers to use.

7. Memorial
We could have a small table by the dining room or a shelf on the wall with a single rose in a vase, a picture of the tenant, and a listing of memorial/funeral services. A single rose will be sent to the funeral/memorial services, hand delivered if possible.

*Crystal, Dorothy and Wilma will get a frame for their picture and announcement.

8. After Death
Two weeks after death, a handwritten card (with a rose on the cover) will be sent to next of kin offering thoughts, as well as a listing of local grief support groups and a copy of booklet “My Friend, I Care.”

* Crystal, Dorothy and Wilma will get cards to send out.
* Emilie will order booklets.
* Crystal will make a listing of local grief support groups.

9. Staff Education
Will need to create a guide for staff on when to give the basket and what to do with the basket after it is used. This information will also need to be included in staff training on the program.

10. Rose Bush/Garden
We will explore this option next spring!

Our next meeting will be at 2:00pm in the Private Dining Room.

Minutes submitted by Crystal Potter.
Appendix H:

Phyllis Lindquist Volunteer Services Award
Parmly Senior Housing & Services
(Est. April 2002)

Criteria:
The purpose of this award is to honor a campus-wide volunteer at Parmly Senior Housing and Services for their outstanding and dedicated Christian service within the organization. It is open to all volunteers that meet the following criteria:

✓ A long-standing, volunteer relationship with Parmly Senior Housing & Services.
✓ Demonstrates cooperation within all departments and facilities connected to the Parmly Senior Housing and Services.
✓ The volunteer works through the hands of Christ to exemplify support of our Mission Statement as a compassionate Christian caregiver.

Award Information:
A selection committee will recognize an outstanding volunteer by:

✓ Adding his/her name to the plaqué in the Parmly lobby.
✓ Awarding a personal plaque.

Selection Committee:
The selection committee, overseen by the head of Volunteer Services, will comprise of ten members, a head from each of the following departments:

✓ Pastoral Care
✓ Social Services
✓ Representatives from each building’s lead management team and Resident and tenant Counsels.

Selection Process:
The selection guidelines should reflect the following:

✓ Notice of the award and criteria is posted by February 1st
✓ The application deadline is March 1st with the award recipient announced during National Volunteer Recognition Week, at the recognition dinner.
✓ The award recipient will be notified of their recognition at least two weeks prior to the public announcement by the head of Volunteer Services.
✓ The announcement will be made at the building where the award recipient volunteers the most.
✓ Each year’s applicants are carried over to the next year for future consideration.

The Plaque:
The original plaque was designed at Abba Trophy in Forest Lake, MN and a template of the plaque will be kept on file there.
**Appendix I:**

**Entry Form**

Margaret S. Parmly Senior Housing & Services
*Phyllis Lindquist Volunteer Service Award*

All entries must be received by March 1st. To make a nomination, please submit the completed entry form and attach a statement giving specific examples of why your nominee should be considered for the *Phyllis Lindquist Volunteer Service Award*. Your statement should reflect the following criteria:

- A long-standing, volunteer relationship with all or one of the following facilities or programs: Margaret S. Parmly Residence, Parmly Lakeview Apartments, Point Pleasant Heights, Margaret’s House, Meals on Wheels, Adult Day-Services and Vindauga View Assisted Living.
- Demonstrates cooperation within all departments and facilities connected to the Parmly Senior Housing & Services continuum of care.
- The volunteer works through the hands of Christ to exemplify support of our Mission Statement as a compassionate Christian caregiver.

Other criteria you may want to reflect upon in your statement can include:

- Major contributions to Parmly Senior Housing & Services
- Unusual difficulties or circumstances this person had to overcome
- Other reasons for singling out this individual for nomination

Nominee: ____________________________________________________________

Facility/Program: ____________________________________________________

Address: ____________________________________________________________

City: ___________________ State: _____ Zip: ____________________________

Phone: ____________________________

Nominator: __________________________________________________________

Facility/Program: ____________________________________________________

Address: ____________________________________________________________

City: ___________________ State: _____ Zip: ____________________________

Phone: ____________________________

Please mail completed entry forms and other supporting material by March 1st to:
Sue Phillips, Dir. of Volunteer Services
Parmly Senior Housing & Services
28210 Old Towne Road
Chisago City, MN 55013
Appendix J:

Meet Chris Krebsbach,
Our Administration Intern

Greetings, my name is Chris Krebsbach, and I am a senior Health Care Administration student from the University of Wisconsin-Eau Claire. Currently I am fulfilling my intern requirement here at Parmly Senior Housing & Services, which will last approximately one year.

Originally I am from Osakis, MN; a rural community located in the central part of the state, so in many ways coming to Parmly has been like going home.

The last three months have provided me the opportunity to work and meet with many wonderful staff members, residents and community members. I have also been lucky enough to watch and be a part of the Vindauga View construction, which has been astonishing.

Over the next nine months I hope to gain a better understanding of the long-term care field, accept more administrative responsibility and do a little teaching along the way. Finally I would like to express my gratitude for the hospitality shown to me over the first few months and look forward to the rest of the year.

2001 Isabelle M. Lindgren Award

Becky Berglund, Assistant Director of Nursing, was presented with the 2001 Isabelle M. Lindgren Distinguished Service award at the Employee Recognition Dinner on Saturday, March 16 at the Lobster Shop in Forest Lake.

Becky was thrilled to receive this honor because as a charge nurse she had the privilege of taking care of Isabelle Lindgren while she lived here at the Residence.

Isabelle is her role model and example. In her nomination she is described as “Like Isabelle, Becky exemplifies the love of Christ through her dedication to the organization, her genuine concern and caring for others and the gentleness that surrounds her” and “She really cares that our residents receive ‘top of the line’ care.” Her life has been enriched through her love of Parmly but Parmly has truly been blessed because of her 16 years of dedicated service to the organization.”

The Isabelle M. Lindgren Distinguished Service Award has been awarded annually since 1987 to an employee for their outstanding, dedicated Christian service to the organization. Congratulations, Becky, you have touched the lives and hearts of many residents, staff and families alike.

Phyllis Lindquist Volunteer Award

The tenants at Parmly Lakeview Apartments felt that a Parmly volunteer should be honored for the hours of time given in service to seniors at PLA. The person they thought that best exemplifies that tradition above all is Phyllis Lindquist, one of their former tenants and who is currently living at the residence. Their idea was presented to the Parmly Board of Advisors. The Board agreed with the PLA tenants that this type of honor should be started. In her honor, the Parmly Board of Advisors decided that the Phyllis Lindquist Volunteer Award be given annually to an outstanding volunteer to chose from all of the volunteers on our entire campus that person who contributes to our tradition of giving time back to others.

Phyllis started working and volunteering for Parmly when she 16 years old and at one time volunteered over 100 hours a year just at the residence. She lovingly tended the beautiful flower gardens, shrubs and trees at PLA and the Margaret S. Parmly residence. While at PLA, she helped with the noon meal and still kept up with her gardening by planting and weeding a flower bed at the apartments, and the residents appreciated that she volunteered on Saturdays at coffee time. Phyllis once described her volunteering as “that which you do because you like to give to others, but makes you feel good, too.”

The first Phyllis Lindquist Volunteer Award will be presented at the Annual Volunteer Recognition Dinner on Saturday, April 20th at the Margaret S. Parmly Residence.
Appendix K:
Feasibility Study

I. Supply and Demand
A. Who are the primary customers?
*Bethel Home
*LHO Campus
1. What are the current medications taken?
   Task: Ask Betty about the pharmacy that residents use or survey LHO campus
2. What are the amounts/costs of the current medications?

II. Competition
A. Number of competitors?
   Task: Ask Toni about current pharmacy and the number of residents who do not use current pharmacy.
   Task: Review other pharmacies in this area.
B. Location of competitors?

III. Product
A. What drugs are needed?
B. What amount of drugs should be kept on hand?
C. Formulary (menu of drugs decided by pharmacist and medical director)

IV. Facility Requirements
A. What to pharmacies look like in other facilities?
B. What would be the location?
   1. What are the zoning requirements?
   2. What are the state regulations dealing with location?
C. What are the utility requirements?
D. Floor Design
   *Area shall be no less that 250 square feet and no more than 20% of the space may be used for storage of bulk pharmaceuticals (Ch phar 6)

V. Equipment and Supplies
A. What are the state regulations when dealing with equipment and supplies for pharmacies? (I.e. special handling requirements, necessary equipment)
   *Chapter 450 Wis. Stats.
   *Phar 6, Wis. Admin. Code
B. Who would be the supplier?
   1. Group purchasing contracts?

VI. Labor
A. Pharmacist
B. How many pharmacy techs would be needed?
C. Wages?
D. Union Issues
Appendix K:

E. Who is the management/supervisor of the pharmacy?

VII. Licensure
   A. Costs
   B. Process
   C. DEA registration

VIII. Medicaid/Medicare certification
   A. Costs
   B. Process

IX. Capital
   A. Site
   B. Operating Capital
   C. Labor
   D. Equipment/Supplies
   E. Licensing Fees

X. Resources
   A. Consultant Pharmacy
   B. St. Claire Pharmacy in Baraboo
   C. St. Mary’s Care Center in Madison
   D. Maplewood in Sauk City
   E. State Pharmacist
   F. Clairemont—Eau Claire
   G. Wipfli
   H. State Engineer
   I. Oakwood—Madison
   J. Luther Manor—Milwaukee
Appendix L:

Questions for Pharmacies

1. Who do you serve?
   - Nursing Home
   - Assisted Living
   - CBRF
   - RCAC
   - Independent Living
   - Staff
   - Community (advertising?)

2. Pricing Structure—AWP +/- Dispensing Fee? Maximum Allowable Cost (MAC)—many drugs cost over MAC
   - Private Pay
   - Medicaid
   - Insurance
   - Staff
   - Community

3. Whom do they purchase their drugs through?

4. Cost structure of purchased drugs

5. Inventory (most common drugs)

6. Formulary

7. Physical space
   - Size
   - Cytotoxic drugs? Vertical flow, biological safety cabiner
   - Sterile Pharmaceuticals
   - National Sanitation Foundation Standard 49 Class 100 Environment
   - Alarm system as of 1/2000
   - Equipment/scales, etc. (recommendations other than minimum requirements?)
   - Laminar Flow Hood

8. Staffing Pattern
   - Pharmacist
   - Tech
   - Hours of Operation

9. Who does the pharmacist report to?
Appendix L:

10. Dispensing
   Distributing
   Manufacturing

11. Bulk of Unit Dose?
    Packaging of equipment needs

    Punch Packs for CBRF’s
    Packaging equipment needs

12. Computer Software
    • What do they use
    • Med. Profiles

13. Financial Performance
    • Cost Report pages re: pharmacy
    • Estimated savings/loss
    • Have you thought about selling your pharmacy?
    • Why do you think other facilities are selling?

14. If you were going to plan your pharmacy again, what would you do differently?
Appendix M:

Brewster Village
a long term care facility
committed to serving the community

Essential to the practices that achieve the highest quality of life for our clientele is our Vision, Mission, and Guiding Principle statements. These statements are:

**Vision**

*Brewster Village will excel at being a community where individuals receive services that emphasize independence and freedom of choice so that they continue to lead productive and fulfilling lives.*

**Mission**

*Brewster Village provides short and long term nursing home services to create person-centered, residential experiences that are designed to meet individuals’ social and medical needs.*
Appendix M:

Guiding Principles

- Brewster Village will maximize the health, independence, self-esteem, and intrinsic worth of each individual.

- Brewster Village will promote person-centered care by encouraging resident choice and advocating for the rights of all individuals.

- Brewster Village staff will collaborate with families, guardians, and other community resources to address the social and medical needs of each individual.

- Brewster Village staff will function as a team, displaying a positive, professional attitude while treating residents, families, visitors, and coworkers with dignity and respect.

- Brewster Village will recognize staff as valuable resources and encourage continuous staff development to enrich their contributions.
Appendix M:

- Brewster Village will adhere to applicable regulations and guidelines, as well as properly manage available resources.
Appendix N:

“The Game”
An Interdisciplinary Team Challenge
April 1, 2002—April 2, 2003

The Goals of the Game

1. To Promote Teamwork and Retention of Staff
2. To Promote Involvement in the Organization’s Goals
3. To Reward Success
4. To HAVE FUN

How it Works

1. Interdisciplinary teams of 10 are randomly chosen.

2. Each team assigns a team captain (non-supervisory person) and develops a team name and a way to identify your team members.

3. The team captain coordinates the teams progress and tallies individual points based on the established goals.

4. A monthly team tally sheet is submitted to the receptionist or administrative intern by the 5th of the following month.

5. Master game board charts the progress of each team.

6. The team with the most points each quarter wins and each member is recognized with a $50 cash prize.

7. Team points are reset to zero at the end of each quarter (April-June; July-September; October-December; January-March)
Appendix O:

GROW Camp Evaluation Form

We hope you have enjoyed your experiences at the GROW Career Camp! Please fill out the following questionnaire to enable us to plan for future camps.

**Please rate each activity by circling a number from 1 to 5**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Poor</th>
<th>Fair</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hands-on lab activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Games</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Disability Experience</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Shadowing Experience</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

5. Which long term care activity did you find most interesting?____________________

_____________________________________________________________________________

6. What did you enjoy most about the LTC Career GROW Camp?____________________

_____________________________________________________________________________

7. What did you find the least helpful?________________________________________

_____________________________________________________________________________

8. What changes would you recommend to improve this experience?________________

_____________________________________________________________________________

9. Would you be interested in future volunteer or employment opportunities at this facility? ____yes  ____no

10. Additional comments:

Have a great summer!
Appendix P:

Objectives for Mentor Program

The mentor is able to:

1. Define the term mentor.
2. List qualities of a mentor.
3. Describe the responsibilities of a mentor.
4. List guidelines the mentor can use to orient the new staff.
5. Demonstrate that they can communicate effectively.
6. Successfully complete evaluations.
7. Do the tasks on the orientation checklist appropriately.

Both the mentor and the orientee are given an opportunity to evaluate various aspects of the mentor program. The orientee evaluates the performance of the mentor and the overall mentorship experience. The mentor evaluates the new staff member being mentored by them, mentor meetings, mentor manual, and overall mentor program.

Schedule of Evaluations:

Week One
Mentor evaluates new staff member
New staff member evaluates mentor

Week Two
Mentor evaluates new staff member
Mentor evaluates new staff member from week one
New staff member evaluates both mentors
Everyone evaluates mentor program

All evaluations are to be give to Susan Eytcheson.
Appendix P:

Definition of a Mentor

What is a mentor? One definition describes the mentor as “an experienced and competent staff member who functions as a role model and resource person to new staff members.” He/she orientates the new member to the roles and responsibilities of the floor and helps create a learning environment where the new employee can develop into a professional staff member. The ANA defines orientation as “the means by which new staff members are introduced to the philosophy, goals, policies, procedures, role expectations, physical facilities, and special services in a specific work setting.” The mentor functions to facilitate these goals of orientation. It is unrealistic to expect the mentor to teach the new staff member everything they might encounter on the unit or have an answer for all the questions the new employee will ask. The orientation process is indeed that- a process of continuing to learn for both the mentor and the orientee.

As demonstrated in this manual, the mentor has three primary roles:
1) Role Model
2) Socializer
3) Educator

As a role model, the mentor provides an example of how the CNA’s role is fulfilled on the unit. As a socializer, the mentor helps new staff members integrate into the work group of the unit by examining the “reality shock” of the workplace. As an educator, the mentor helps provide necessary instruction for new staff members by assessing learning needs, planning learning experiences, implementing learning plans, and evaluating learning performances.

Included in this manual, will be specific information regarding qualities and responsibilities of a mentor and some guidelines the mentor can follow during the orientation process. Also included is a checklist for C.N.A. orientation to help evaluate the new staff member, and evaluation procedures for this mentoring program.

Being a mentor is a challenging experience. It is not only a time of learning for the orientee, but the mentor also increases their knowledge base and attains both personal and professional growth. It is hoped that this manual has been beneficial in preparing you for your new role. The role of a mentor is very rewarding as you observe the orientee come to the unit with a minimal knowledge base of the long-term environment and see them progress to functioning effectively as a C.N.A. The reward comes in knowing that you played a major role in assisting another colleague grow in the profession. Not to mention that your fellow co-workers will be trained properly and will work efficiently, which will in turn minimize your own personal work load.
Appendix P:

Qualities of a Mentor

You have been selected as a mentor because of the personal characteristics you possess as a C.N.A. The following table summarizes some of the attitudes, knowledge, and skills needed by preceptors for new staff members:

<table>
<thead>
<tr>
<th>Attitudes</th>
<th>Knowledge</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respectful</td>
<td>Policies, Procedures</td>
<td>Patient Care</td>
</tr>
<tr>
<td>Realistic</td>
<td>Standards</td>
<td>Use of Equipment</td>
</tr>
<tr>
<td>Patient</td>
<td>Documentation Forms</td>
<td>Use of Resources</td>
</tr>
<tr>
<td>Open-minded</td>
<td>Resources Available</td>
<td>Interpersonal</td>
</tr>
<tr>
<td>Supportive</td>
<td>Able to Learn</td>
<td>Organized</td>
</tr>
<tr>
<td>Optimistic</td>
<td>Able to Teach</td>
<td>Problem Solving</td>
</tr>
<tr>
<td>Sense of Humor</td>
<td>Understand People</td>
<td>Priority Setting</td>
</tr>
<tr>
<td>Constructive</td>
<td>Residents Rights</td>
<td>Work Delegation</td>
</tr>
<tr>
<td>Mature</td>
<td>Responsibilities</td>
<td></td>
</tr>
</tbody>
</table>

Communication

Clairemont Nursing & Rehabilitation has identified three major qualities in the selection of mentors for new staff members.

1.) The mentor will possess adequate patient care-giving abilities.

   A. C.N.A. Experience
      1. Provides Competent and comprehensive patient care
      2. Able to effectively plan, deliver, and supervise patient care
      3. Thorough understanding of patient care duties

   B. Decision-Making Ability
      1. Able to make sound judgments
      2. Notify nurses when necessary

   C. Teaching Ability
      1. Able to identify learning needs
      2. Demonstrates ability to do thorough teaching
      3. Able to instruct students and peers when indicated

   D. Organization
      1. Able to utilize time efficiently
      2. Establishes priorities in care delivery

2.) The mentor will possess the necessary skills to be a leader on the floor.

   A. Leadership
      1. Perceived as being a leader on the unit by peers
      2. Has credibility
Appendix P:

3. Functions as a resource person and a role model
4. Shows an interest in professional growth
5. Facilitates resolution of conflict
6. Encourages growth in others

B. Understands Authority
   1. Able to interpret and abide by Clairemont Nursing & Rehabilitation protocols, policies, and procedures
   2. Knows and follows correct pathways to voice concerns
   3. Keeps department director informed

C. Legal Limitations
   1. Functions within legal guidelines of certification
   2. Knows government requirements and regulations

3) The mentor will possess the necessary personal characteristics to be a support system for the orientee.

A. Self-Confidence
   1. Exhibits confidence in own skills as a certified nursing assistant
   2. Comfortable working with other certified nursing assistants
   3. Capable of explaining detailed rationales and thought processes

B. Patience
   1. Able to allow time for learning
   2. Remains calm and composed during emergent situations

C. Communication
   1. Able to communicate honestly with peers
   2. Provides positive constructive criticism and praise appropriately
   3. Tactful and direct

D. Personality
   1. Maintains positive attitudes and encourages this in peers
   2. Has insight to identify level of comfort and frustration in others
   3. Sensitive

These qualities are all necessary to assist the mentor to develop competency in their new role.
Appendix P:

Helpful Hints:

The orientee comes to a new unit with many educational needs. In order for the mentor to successfully meet those needs, several characteristics of adult learners must be understood. Six basic principles of adult learning are:

Principle 1

"Learning is a normal adult activity."

The readiness to learn must be established at the beginning of the mentor program. Adults must want to learn and must feel the need for a specific knowledge of skill. New employees are usually highly motivated and desire to learn the skills they don't already possess. The mentor must have knowledge of what the orientee needs to know to function effectively on the floor.

Principle 2

"Adults with a positive self-concept and high self-esteem are more responsive to learning."

Adults seem to learn best when they feel they have the need to learn, and when they have a sense of responsibility for what, why and how they learn. It's important that the learner be recognized as an individual. Orientees who exhibit personal self-confidence will tend to carry that self-confidence over into their clinical performance.

Principle 3

"Adults learn best when they value the role of adult learner and possess the skills for managing their own learning"

Adults desire to have self-direction and self-discipline. Therefore they learn well when they are given opportunities to progress at a pace which allows them to be comfortable while still being challenged. They are able to define what is crucial for them to learn and will be motivated to achieve that. Most adults don't want forced decisions, but rather want assistance in identifying problems and alternative solutions. Learner participation is vital in the mentor-orientee relationship. Learners will learn more, faster, and longer when they are actively involved in learning experiences. The orientee needs to have some control over what experiences he/she needs, but also needs guidance in not undertaking too much to the point where he/she might become overwhelmed.

Principle 4

"Immediate descriptive feedback is essential if adult learners are to modify their behavior."

Education is a process of influencing behavior rather than of only giving information. Goals and objectives of the required education need to be identified early so the orientee knows what his/her role is and what is expected of him/her. The orientee also needs to
Appendix P:

know from the beginning how he/she will be evaluated. Feedback needs to be given on an immediate basis so he/she knows how he/she is progressing. The mentor should give positive feedback freely to reinforce appropriate behavior. Criticism must be done in a sensitive and constructive manner to prevent negative behavior from becoming a habit.

Principle 5

“Success reinforces changes already made and provides a motive for further learning.”

Timely rewarding of desired behavior tends to ensure that the behavior will continue. The more positive the experiences the orientee has, the more he/she will be motivated to expand his/her knowledge base. Learning new routines and procedures may always be a frightening process but as the orientee is able to accomplish new things, the easier it will become to assimilate new information.

Principle 6

“Adults tend to begin learning programs with some anxiety and further stress can interfere with learning.”

Being in a new job is typically associated with much anxiety about how much there is to learn. To alleviate some of that tension, it is helpful to provide a non-threatening and supportive environment for learning. An informal setting involving physical and emotional comfort and active participation in defining learning needs will help facilitate adult learning. It is important to keep the new orientee challenged but they shouldn’t be pushed to the point where they become frustrated and overwhelmed.
Appendix P:

**Common Characteristics of Adult Learners:**

The following table summarizes some common characteristics of adult learners. Corresponding with these are some educational implications for the mentor to keep in mind.

<table>
<thead>
<tr>
<th>Characteristics of Adult Learners</th>
<th>Implications for Mentors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have established beliefs and values</td>
<td>Takes longer to change these</td>
</tr>
<tr>
<td>2. Are less flexible in thinking and doing</td>
<td>Reluctant to change practices</td>
</tr>
<tr>
<td>3. Have rich reservoir of experiences</td>
<td>Provide sharing of experience</td>
</tr>
<tr>
<td>4. Learn by own and other's experiences</td>
<td>Teach through actual experiences</td>
</tr>
<tr>
<td>5. Have heterogeneous backgrounds</td>
<td>Be open-minded to alternatives</td>
</tr>
<tr>
<td>6. Have mixed motives for learning</td>
<td>Keep expectations realistic</td>
</tr>
<tr>
<td>7. Are accustomed to responsibilities</td>
<td>Actively involved in learning</td>
</tr>
<tr>
<td>8. Are busy with many obligations</td>
<td>Avoid wasting their time</td>
</tr>
<tr>
<td>9. Less secure in learning situations</td>
<td>Ensure chances for success</td>
</tr>
<tr>
<td>10. Fear inadequacy and failure</td>
<td>Provide support and guidance</td>
</tr>
<tr>
<td>11. May need more time to learn</td>
<td>Give learner control over pace</td>
</tr>
<tr>
<td>12. Time perspective is immediate</td>
<td>Make learning useful to work</td>
</tr>
<tr>
<td>13. Don’t see teacher as all-knowing</td>
<td>Relate to as helpful colleague</td>
</tr>
</tbody>
</table>
Appendix P:

__________________________ has received orientation on all items on the checklist.

Employee Signature       Date

Mentor Signature          Date

Supervisor Signature      Date
Appendix P:

We Learn and Retain

10% of what we hear

15% of what we see

20% of what we both hear and see

40% of what we discuss with others

80% of what we experience directly or practice

90% of what we attempt to teach others