3rd Annual Leadership Compendium

The Best Student Leadership Projects of 2004
Forward

We are pleased to be publishing our 3rd annual Leadership Compendium, highlighting the best student leadership projects of 2004. One growth area for our students during the practicum year is focused in their leadership and management development. Our program has a strong commitment to allowing students to gain management experience by taking on significant projects during their practicum, and they have the opportunity to implement and complete projects of their own choosing related to advancing internal and external operations, improving customer service, and engaging in the execution of innovative new ideas in the field of health care.

The history of our program over the past 29 years has reflected a positive and respectful relationship with all of our practicum sites. The Center for Health and Aging Services Excellence is committed to putting resources toward serving health and aging service organizations as valued partners as we all continue to “step up to the plate” to the challenge of educating young professionals in this field. It is our hope that you will not only be impressed with the caliber of projects our students are undertaking at your facilities, but may also be inspired to implement similar projects at your facility.

We are continuing to provide this document to our primary audience of participating practicum sites and students for use as a reference for current or future practicum students. This year we are also expanding our distribution to other colleagues and interested parties in the field as a potential tool to stimulate the ongoing exchange of ideas. We appreciate our ongoing relationship with the health and aging services field and our practicum partners as we continue to strive to meet the future leadership needs of this noble profession.

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Project Title: Corporate Wide Admission Streamline

Student: Wally Apland III

Practicum Site: Family Heritage Care Center and Parkside Residence

Preceptor: Jeremy Kiley/Dean Dixon

Introduction

The paperwork associated with the admissions process is necessary, but can be cumbersome for new residents and their families. Many organizations attempt to streamline their processes to create more efficient, user-friendly packages to present to their customers. Not only is the result less bulky and easier for customers (and staff) to understand, it also helps to create a more cohesive organizational "identity" for marketing and publicity purposes.

Project Description

Upon entering Family Heritage Care Center (FHCC) and Parkside Residence as an Administrative Intern on day one, I began investigating the purpose of each and every admission form. Upon my initial review, I found that the admission packet was full of photocopied sheets requiring resident signatures, facility representative signatures, a comprehensive social history and numerous financial sheets that seemed to be very difficult to understand. It was then that I saw the need to streamline the admission process and eliminate unnecessary forms and revise those that were difficult for residents and their families to understand.
**Tasks Involved**

First, I compiled a list of all of the worksheets to be completed upon admission (*please see Appendix A*). The majority of the forms that were explained were federal, state and company policies and statutes or regulations that needed to be complied with. Over the next few months I worked with our social worker and presented my ideas about streamlining the admission process. She seemed to be very receptive to the idea and agreed that our admission process was bulky, slow and unorganized. I eventually became knowledgeable about the purpose of each piece of paper in our admission packet and was able to mentally organize an admission process that would be easier on the resident as well as efficient for all of the staff involved.

Later in the year, I was invited to attend a corporate meeting of all of the administrators working for Heyde Health System. At this meeting it was brought up that I was currently working on creating a streamlined admission process for FHCC. One of the administrators in attendance thought it would be a good idea to streamline the admission packets for all of the Heyde facilities; so, at the next corporate wide meeting I was given admission packets from all of the other Heyde Health Nursing Homes and a few that were managed formerly by the company. As I familiarized myself with the forms in the packet, I began to better understand the admission process. In order to completely understand all of these forms, I decided to meet with a representative from Columbus Nursing and Rehabilitation who handled all of their admission paperwork.
Outcomes and Recommendations

I was successful in releasing a completed admission packet to the FHCC social worker for implementation. Also, I am completing the financial questionnaires to guarantee that we are fulfilling the appropriate corporate requirements and I have worked to develop an official folder for our new admission packet. I have completed a new cover for our Resident Handbook, which aids in my efforts to brand our facility in the community and surrounding areas.

This project has also yielded the completion of a marketing referral folder, which we provide to all discharge planners in the area to make choosing a nursing home easier for those looking. Currently, this new admission packet will be released at the facility level; however, I have been assured that the newly formatted material is under consideration to become the facility wide admission packet for Heyde Health.

It is always important to enlist the help of peers when trying to accomplish a large project. It would have been helpful to have formed a corporate task force to help me with the workload of such a project. I also should have asked for all of the documents to be put in electronic format and sent to me if they existed at other facilities. This would have made the “corporate wide” packet much easier to format and individually alter for each facility.
Editors' Note

The first impression a resident or family member has of a facility may be their experience with the admission process. Any efforts to make this process more efficient for staff and more “customer friendly” can help to facilitate a smoother relocation and positive adjustment to the new facility as well as increase positive public relations.
Project Title: Enhancing the Volunteer Program

Student: Carissa Behnke
Practicum Site: Brewster Village
Preceptor: David Rothman

Introduction

There are many different organizations in the community that rely on volunteers in order for them to be successful, such as United Way and Big Brothers Big Sisters. Volunteers are an essential part of any health care facility. Finding and keeping good volunteers is a never-ending challenge. This project seeks to find a way to enhance the volunteer program at Brewster Village in order to make it more appealing for potential volunteers.

Project Description

In the community there is still the mindset of the old Outagamie County Health Center. Even though there is a new building, the stigma of the facility’s roots is still present among people in the community. The chief objective of this project was to make it known to potential volunteers that Brewster Village’s focus has changed from the medical model to the social model. Our focus is to make a home-like environment for the residents, and that includes doing a variety of activities. I also wanted to ensure that potential volunteers knew how fun and rewarding volunteering could be for them. Sometimes nursing facilities don’t seem very appealing to potential volunteers, so we wanted to be sure to point out the positive aspects they could look forward to seeing and doing.
The objective was to create informative material that could be handed out at volunteer fairs, or to people who want a quick overview of volunteer opportunities available at Brewster Village.

**Tasks Involved**

The project aimed to gather and organize information in a way that would be appealing to potential volunteers. I first reviewed what was currently being given to potential volunteers, and determined that a brochure would be more beneficial than a big packet loaded with a lot of information. The Social Services Coordinator and myself put together ideas of what we thought were most important to include in the brochure. I then put together a rough draft of the brochure and asked for input from the Director of Nursing, the Director of Support Services, and the Administrator. From their suggestions, a final draft was put together in an eye appealing color that was voted on by the Administrative team. The final brochure had information on Brewster Village, its mission statement, its vision statement, descriptions of the five neighborhoods, why to volunteer, how often a person can volunteer, how to sign up, opportunities and positions available, group opportunities, and contact information (*please see Appendix B*).

The other part of the project is the creation of a volunteer video to show when a tour with potential volunteers is complete. This video will be used as a tool to show volunteers how to interact with residents at Brewster Village. The video is still being put together, but soon taping will begin and volunteers will be shown things such as general expectations, how to introduce him/herself to a resident, how to enter a room, how to start
a conversation, and how to transport and communicate with residents in a long-term care facility (please see Appendix C). We feel this will be very beneficial to potential volunteers because they will get an idea of what to expect when interacting with residents.

Outcomes and Recommendations

The brochure is now being handed out to potential volunteers at volunteer fairs and at Brewster Village. The project was successful because there are more people coming to see what the volunteer program is all about. I think this is due to the brochures not being as big and burdensome as the previous packets that used to be handed out. This project could be expanded by sending some of the brochures to area high schools and colleges who require volunteer hours of their students. This is an excellent opportunity to get information about volunteering out to the community. The brochures can also be used for publicity for Brewster Village. A lot of people do not know that Brewster Village is a long-term care facility, and by making these brochures available to them it could increase their awareness of what we are and what opportunities are available for them at the facility. This project will continue after I leave and the Coordinator of Social Services will make more copies of the brochure as necessary, and will continually use the video during volunteer orientation.

Overall, I would say the enhancement of the volunteer program went well. Everyone was very receptive to my ideas for change, and I was receptive to their ideas as well. During projects, few often go exactly as planned. In order to help keep and attract volunteers, an
organization needs to have friendly staff work with them. Besides good recruitment and orientation materials for volunteers, promoting a positive work environment with good communication, and getting involved with our F.U.N. (Focus on your attitude; Unleash your humor; Nurture your relationships with residents, families and coworkers by being there and making there day) philosophy is key for anyone who wants to ensure that volunteers feel welcome.

Editors’ Note
Many health and aging service organizations rely heavily on dedicated volunteers to add value to the services they provide. Residents and staff who are served by these volunteers are directly benefited, and the reputation of the organization is also heightened by the additional positive public relations that the promotional material and the volunteers themselves bring back into the community.
Introduction
In terms of oral health, senior citizens face a range of special concerns including root decay and periodontal disease (American Dental Association). Given the fact that there are a number of risk factors that predispose seniors to higher rates of tooth decay and subsequent tooth loss than any other segment of society, it is important that the elderly population receive adequate dental care on a regular basis. This project illustrates one approach to obtaining dental services for the residents of a long-term care facility.

Project Description
Just like many long-term care facilities across the country, Ebenezer Luther Care Center has been without stable dental services for some time. With the over population of long-term beds in our area, and few dentists that will serve the senior population, it has been difficult for our facility to serve the oral health needs of residents in our building. The main problem is that many of our residents are unable to travel to a dentist, and many dentists don’t take Medicaid patients because of the low reimbursement rate. This puts our facility in a difficult situation, since the majority of our long-term residents are on Medicaid. Almost from the very first day that my internship started, I saw that there was a need for dental services within this facility.
**Tasks Involved**

My original idea for this project came from the magazine “Best Practices”. In this magazine, I read about a facility and local technical school in Florida that had teamed up in order to bring better dental care to the residents. I was able to get in contact with both the medical director of the Florida facility, and also the professor of the college that was sending their hygienist students there. Both people were able to give me information on how their program started, and who I should contact in Minnesota. My first idea was to contact local dental and hygienist schools to see if they could send students out to the facility; however, I found that most of the schools that I contacted already had sites that they sent their students to. I was finally put in contact with Dr. Steven Shuman, Director of Oral Health Services for Older Adult Program, and professor at the University Of Minnesota School Of Dentistry. Dr. Shuman is involved with the Wilder organization in St. Paul, who has worked with the U of M to establish dental clinics in long-term care facilities. I first met with Dr. Shuman to see what our options were (*please see Appendix D*).

Originally, I thought that the ideal situation would have been to set-up a dental clinic right in our facility. I met Dr. Shuman at two different facilities so that I could see the arrangement and clinical space that they had. If we wanted to set-up a clinic, we had two different options for equipment. We could either have fixed equipment like a regular dentist’s office has, or we could buy portable equipment that could be moved around. Each scenario had its own pros and cons. Since our own clinic would take a lot of time and money to get started, Dr. Shuman suggested that our facility sign a contract with
Wilder to first set-up services at their clinic in St. Paul. He thought that once we had established that relationship, then we could start looking at the process of starting our own clinic. A contract was then drafted for both Ebenezer Luther Care Center and Ebenezer Hall to have our residents go to Wilder to have their dental needs taken care of. Once I had the contract, I presented all the information that I had to our VP of Operations at the Ebenezer Corporate Offices.

**Outcomes and Recommendations**

After spending a year working on this project, a contract with the Wilder Organization will be signed in the near future. Although my original idea of having dental services brought right to our facility isn’t going to happen at this point in time, I think we are fortunate to have an arranged program with a clinic to bring our residents to for dental care. Another positive result of our contract with the Wilder Organization is that we will have regular in-services from dentists and hygienists who can teach our nursing staff how to take proper care of the residents’ teeth and gums.

**Editors’ Note**

Residents and families have an expectation that facilities will be responsible for meeting all their loved ones care needs, including dental care. Many facilities have difficulty meeting their residents’ dental care needs and this can impact clinical outcomes, quality of life and perception of customer services. Long term care organizations could benefit by sharing best practices and working collaboratively to find alternative solutions to meet this challenging need.
Project Title: Assisted Living Market Project

Student: Brooke Hanko

Practicum Site: Meriter Terrace

Preceptor: Fran Anderson

Introduction

The use of market surveys can help an organization better understand their current market position. It is essential for any organization to understand and know their customer base in order to effectively serve them and to stay competitive within their industry. Surveying the competition, analyzing the demographics of your customers, and researching national data can indicate trends and allow for planning into the future.

Project Description

This project was designed to bring a greater understanding and awareness of the pricing and organizational structure of assisted living on a national and local (Madison area) level. It was a concern of the director of this facility to investigate the competition’s nursing component, since the demographics of the population being served is changing. The average resident is coming in at an older age and more medically complex. The main objective of this project was to gain a better understanding of what and where the market is heading and to discover if there areas that we should be preparing more for, or issues that need to be dealt with in order to remain a major player in the market that is driven by consumer choices. Meriter Terrace also realized that with all the senior living options
available, they would need to know how to set themselves apart from the competition. It was decided that a market survey would help to determine that.

**Tasks Involved**

To collect the data that I needed for this study, I worked primarily with the admissions and marketing staff of Madison area assisted living facilities. From there, I conducted several market studies to collect the data I needed to complete this project. These studies gave a foreshadowing on how the current senior market is affecting all of long term care. I then found that the "typical" nursing home resident of the past is now often making their home in the assisted living setting (*please see Appendix E*). This is an area of concern for the assisted living industry because the total elderly population is expected to double between 2000 and 2030. If the current demand for assisted living was to increase solely, according to the increase in the 75 and older population, and ignoring all other market factors, the number of assisted living beds would increase from 987,000 in 2000 to more than 1,900,000 in 2030. That also raises the question of these senior citizens' health issues. That led me to ask: How will staffing levels have to change in order to accommodate the much older and frail population in efficient settings?

In my research, I found that a trend that some assisted living facilities are approaching is that of a multi-level care center (MLCC), which is an assisted living/nursing home hybrid. This trend is being driven by the rise in popularity of assisted living, coupled with a slight decline in the nursing care population due to a variety of factors. This addresses the question that long term care operators have found that higher functioning,
private pay patients are opting for assisted living facilities, while assisted living providers have to provide more complex and costly care. The two populations would be kept quite separate, but staff would be cross trained to work in both settings. Operators of hybrid facilities have discovered a positive referral pattern as a result of retaining residents over time. This may be one of the answers to position them at a competitive advantage in the future.

**Outcomes and Recommendations**

This project allowed me to shed some light on what the current situation looks like for assisted living facilities on a national and local level. The market is always changing and it is in each facility’s best interest to remain abreast of the demands of the senior population (*please see Appendix F.*) Since I spent a lot of time interviewing and collecting data from other people, I would recommend allowing ample time to collect information. The future depends on having a solid understanding of one’s market and knowing how you can develop a niche within it.

**Editors’ Note**

The shift in service delivery models and settings will continue to evolve over the next decade driven by consumer preferences and service efficiencies. This will present both opportunities and obstacles for the health and aging services field depending on how an organization approaches this change.
Project Title: Survey Prep Packet

Student: Eliza Huntoon

Practicum Site: Presbyterian Homes of Arden Hills

Preceptor: Duane Larson

Introduction

Nursing home surveys help evaluate the quality of care provided by the state’s Medicare and Medicaid certified nursing homes. These surveys are conducted, unannounced, every 9-15 months to assess compliance with federal and state standards of care. Survey preparation can help alleviate the stress and anxiety associated with these evaluations.

Project Description

At Presbyterian Homes of Arden Hills, we wanted to improve our survey results. Staff had been under a lot of pressure to learn new things, but they hadn’t been given much structured guidance to do so. To help staff feel less stressed out and nervous about the whole survey process, I decided that it would be nice to enable them to feel totally confident so that when the Department of Health is here, staff can carry on as usual and not feel intimidated by the surveyors. I decided to create a survey preparation packet to help staff prepare for the survey process.

Tasks Involved

At the MHHA convention, one of the classes was about survey preparation and examples of survey preparation packets were distributed. The administrator at Presbyterian Homes-
Arden Hills thought this would be a great tool to use at our facility. To prepare our staff for survey, I communicated with all facility leaders/supervisors and asked them what questions they thought would be useful for their community/department staff to be knowledgeable about. I worked closely with the Administrator, the Community Coordinators for each floor, the Chief Engineer, Laundry Supervisor, the Health-unit Coordinators, and any staff that had questions about the prep packets.

Once I received the input from all facility leaders, I combined their questions with the questions used in the sample survey prep packets that I had. Then, I created a customized survey prep packet for each department. My next step was to communicate what I was doing and give the survey preparation packets to staff to complete. I asked that the packets be returned on the Wednesday before payday, and to encourage participation staff received 1.5 continuing education credits for submitting a completed packet. Anyone who received a score of 90% or better received a free movie ticket and packet of microwave popcorn (please see appendix G).

**Outcomes and Recommendations**

I needed to begin this project immediately considering that a survey prep packet would not be very successful if the Department of Health came before I sent the packets out to the staff. The incentives were helpful in achieving a high level of participation from the staff, and many were successful in earning scores above 90%. The survey team arrived shortly after we completed the survey prep project and we were very happy to have a
lower number of deficiencies than in previous years. In my observations, the staff also appeared less nervous and more confident while the survey was underway.

Editors' Note

All administrators strive to have deficiency-free surveys and it is their responsibility to ensure that all staff are knowledgeable about the regulations and are acting in accordance with them. A regular “survey prep” process can help to refresh staff about regulations, familiarize them with the survey process and increase their confidence when interacting with the survey team. A well prepared staff will not only help ensure a positive survey outcome, but will also likely have a positive impact on quality care and staff morale.
**Introduction**

A work environment that attracts, keeps, and motivates its workforce is one that gives staff a sense of pride, accomplishment, and purpose in what they do. There are many informal programs that provide effective strategies for motivating employees that are also simple to administer. This project illustrates the implementation of a resource that helps employees feel as though they are part of a team that allows them to clearly see the value in their work.

**Project Description**

This project focused on developing a book of experienced based best practices for CNAs in an effort to help develop the skills of current CNAs and reduce turnover. This project aimed at addressing the high CNA turnover at Bethany Riverside with a low-cost solution. Once complete, this resource would be used in collaboration with a mentor program currently in place at Bethany Riverside to help ease the transition for a new CNA employee.

**Tasks Involved**

The ultimate goal of this project was to interview a number of CNAs from multiple facilities about their jobs. First, I talked with the Director of Nursing and the Staff
Development Coordinator at Bethany Riverside. They agreed that the project was appropriate and offered valuable suggestions on what kinds of questions to ask. These were the people that I mainly referred to because they had the responsibility of working on the turnover in the nursing department and both had a major role in the mentorship program. Ultimately, they would be the ones using the results of this project the most.

Next, I had to enlist the help of many CNAs and nurses by scheduling times for them to come in and allow me to interview them. This was a very generous act on their part because they volunteered their time. Additionally, I needed the help of some fellow practicum students, Nathan Pearson and Wally Apland III, to gather responses from CNAs who worked outside of Bethany Lutheran Home. I contacted Nathan and Wally and had them identify CNAs who worked at their facilities who were willing to help.

Information was gathered on all of the aspects of a CNA's work duties, along with personal experiences that they have had throughout their careers.

After all of the interviews were over, I had to go through the data and edit it and type it by category. Once that was done, I had the final product copied and bound. In the end, the final product was finished and ready to be distributed to the Administrator, Director of Nursing, and Staff Development Coordinator for use with the staff.

**Outcomes and Recommendations**

Providing this type of resource to the facility could have a large financial benefit. With every CNA turnover, it is estimated that it costs at least $5000 to train a new one (in a nursing home). Taking those figures into consideration, if Bethany Riverside had a 0%
turnover, $180,000 would be saved. In a time of high costs and lower reimbursements, that would be a significant amount of money.

A barrier to the success of this project was the fact that I was unable to pay the CNAs for their time. This meant that I could only conduct the interviews when it was convenient for them, which was usually at the end of their shift. This resulted in only being able to interview one or two CNAs each day, and extended the time in which it took to complete this project.

In the future, it will be essential for Bethany Riverside to be able to recruit and retain their CNA staff. It is an issue that is not going to go away, especially as the need for nurses and nurses’ aides increases in the next 10 years (Provider). Innovative ideas such as this book of best practices will be the tools that facilities will need to help keep and maintain their CNAs. In the future, I would like to see Bethany use this book as something that all CNAs have the option to use (please see Appendix H).

Editors’ Note
The health care field will continue to be challenged with retaining quality staff. This unique approach of going to the source, the staff, for their opinions on how to successfully do their job has the promise to be very well received by their direct service colleagues.
Project Title: FISH! Philosophy

Written by: Jenny Lind

Practicum Site: Oakwood Villa

Preceptor: Brian Kallio

Introduction

The Fish! Philosophy is all about creating a better way to live at work. It is based on concepts created at the World Famous Pike Place Fish Market in Seattle, WA. Fish! is a commitment to improving others’ lives by focusing on your own actions. It is based on four basic principles: choose your attitude, be there, play, and make their day. The following project illustrates one facility that introduced the Fish! Philosophy to their employees.

Project Description

I wanted to incorporate the Fish! Philosophy in order to bring about a more fun and rewarding way to live, at work, for the staff at Oakwood Villa. My goal was to bring the four main philosophies into the staff’s workday: choose your attitude, be there, play, and make their day. The first, “Choose your Attitude” focuses on the fact that there is always a choice about the way you do work, even if there is not a choice about the work itself. It focuses on realizing that only we can choose the attitude we bring to work. “Be there” concentrates on being fully present and fully engaging yourself in your work. An example of this that I like to use is a CNA who is feeding a resident and is talking to the resident and paying attention to that person rather than having a conversation with someone else in the room. “Play” involves having fun while doing your work. It helps to
bring out the creativity and problem-solving abilities within everyone. Lastly, “make their day” means engaging your customers and respectfully including them in your fun.

**Tasks Involved**

When I first brought up the possibility of working to implement the Fish! philosophy, I received a lot of support and interest from most of the management team. Specific people who were involved in planning and/or presenting were our staff development coordinator, human resources director, social worker, admissions coordinator, and activities director. I discussed with them what my thoughts and ideas were and together we came up with a plan. Also, I e-mailed other Extendicare facilities that had requested the Fish! video from our corporate office to see what they had implemented at their facilities. Lastly, I met with the director of Harbor House to discuss Fish!, as Harbor Senior Concepts has implemented the Fish! Philosophy into all of their facilities.

After getting feedback from these different people, I chose to implement the Fish! Philosophy at Oakwood Villa by incorporating it into our monthly in-service meetings. I started out by holding a mandatory in-service at the beginning of December for all employees to watch the video, talk about it, and do an activity that focused on the Choose Your Attitude principle (*please see Appendices I and J*). In the following weeks, I asked our administrator to discuss his support for Fish! and address some negative perceptions people may have had about Fish! at our next monthly in-service (*please see Appendix K*). I began hanging fish decorations and posters throughout the building to remind everyone of Fish! and the four principles. Then, I conducted a FISH! activity at each in-service
from January through June (please see Appendices L and M). In addition to the interactive activities, I also began handing out fun "stuff", like stress balls and smiley-face pins, at in-services to remind people of the importance of having fun and being lighthearted at work.

**Outcomes and Recommendations**

I received a lot of positive comments regarding the monthly activities, however, some of the activities were a bigger success than others. I changed the way I presented some of the activities after doing the first two in-services that day and evaluated how they went. I have run into a few obstacles since I started this program. The first was a lack of buy-in by some members of the management team. Another obstacle is the lack of time at monthly in-services. I would love to be able to do an entire in-service just on Fish! every month, but there are not enough hours for it. I have incorporated the short 15-20 minute activities at our scheduled monthly in-services in place of having an in-service solely on Fish! every month. The poor attendance at in-services is another limitation--we are lucky to get half of our staff at mandatory in-services. The last obstacle that I have seen is negativity by some of the staff; you need to be able to focus your energies on the majority of staff that want to do a better job.

Overall, I think the Fish! Philosophy has been useful at Oakwood Villa. I am fairly certain that the monthly activities will continue after I am gone, as our staff development coordinator is very supportive of the FISH! Philosophy.
Editors' Note

Enhancing the work environment of a health and aging services organization is a worthy goal, and using proven business approaches makes sense. One should use caution to introduce programs that are sustainable for the long-run, and make sense for the culture of your organization.
Project Title: Quadrant Analysis/Satisfaction Survey Committee

Written by: Nathan Pearson
Practicum Site: St. Croix Valley Good Samaritan Society
Preceptor: Wade Reddy

Introduction

Long-Term Care is service oriented, and Resident/Family satisfaction surveys allow for an organization to determine how satisfied their customers are. Furthermore, employee satisfaction surveys help employers measure and understand their employee’s attitudes, opinions, motivation, and satisfaction. Gauging both employee and resident attitudes can help provide a picture of your organization's needs and allow for the creation of a loyal workforce and customer base.

Project Description

Just like many health and aging service organizations, The St. Croix Valley Good Samaritan Society decided to hand out employee and resident satisfaction surveys and collect the data in order to resolve any issues and seek improvement within the facility. I was asked to form and lead a committee to process the reported information, express the results to the staff and residents/family members, and target specific issues that the facility should improve upon. By implementing the Quadrant Analysis Method, part of The Evangelical Lutheran Good Samaritan Society’s Journey to Quality Series, I hoped to organize the data that I received and present it in an organized and calculated manner.
**Tasks Involved**

After the employees completed their surveys, the surveys were sealed and sent to an independent contractor that analyzes raw data of a variety of forms. Within a short time, I received a packet of information back that had all of the data tabulated and graphed. That was when I formed a committee to process the results using the Quadrant Analysis Method.

The Quadrant Analysis Method involves an XY scatter plot where the bottom variable is "PERFORMANCE" and the side variable is "IMPORTANCE" based on the question, "Would you recommend this facility for someone in need of long term care?" This method is called quadrant analysis because the XY graph is divided into four equal boxes or quadrants.

- **Quadrant 1: Work on these first**
  - Higher Importance/ Lower Performance

- **Quadrant 2: Work on these second**
  - Lower Importance/ Lower Performance

- **Quadrant 3: Keep up the good work**
  - Higher Importance/ Higher Performance

- **Quadrant 4: Maintain current strategies**
  - Lower Importance/ Higher Performance
Each of the committee members brought their specific discipline to the table, including the administrator, the human resource manager, social worker, staff developer, and quality consultant. These people helped to provide a wide outlook for each survey, determine what areas needed to be addressed, and how to present the information. At each meeting, the committee analyzed and then determined how it would address and resolve weaknesses of the facility according to the results of the staff and resident satisfaction surveys.

The survey results revealed that communication was one area that could be improved upon. To address this weakness, feedback was gathered directly from the staff (please see Appendix N). A survey was sent out, and a staff focus group was used to gather more feedback about the communication processes at St. Croix Valley Good Samaritan Society.

**Outcomes and Recommendations**

The timeliness of this project was an issue from the very beginning. One barrier to the timeliness of the project was the implementation of the Quadrant Analysis Method. In previous years, each question on the survey was graphed and it was difficult to interpret the strengths and weaknesses. This set a precedent for this survey because we knew that it would be a challenge to convey the results to the staff. On top of this, the quadrant analysis is confusing at first glance, but with the DVD instructions and a competent
committee, it becomes a quick tool to prioritize concerns. The committee did a thorough job of exploring the meaning of the quadrant analysis.

It is important to address the survey results immediately upon arrival. The employees that have concerns may leave before their concerns have the chance to be addressed, new concerns may arise, or the concerns could be adopted by others. The key is to resolve conflict before it starts and utilize the data for improvement.

**Editors’ Note**

It is essential that health and aging service organizations conduct regular surveys of their customers, and also be committed to sharing the results before moving forward with this process. The benefits of soliciting this feedback are found in both the data to help you improve and the message it sends to your constituents.
Project Title: Employee Turnover

Written by: Jason Strnad

Practicum Site: Lakeside Nursing and Rehabilitation

Preceptor: Craig Abbot

Introduction

Turnover is often seen in critical front line positions, and in a long-term care facility these critical positions are often that of a certified nursing assistant. The CNA is often the main link between the facility and the resident, which makes it critical that staff in these roles are well-trained, dedicated to customers, and appropriately rewarded. This project highlights some approaches to training, mentoring and rewarding front-line staff in order to reduce turnover.

Project Description

The goal of this project was to set up staff recognition and mentorship programs to help reduce turnover within Lakeside Health. One of the largest areas of concern that long term care organizations face is high employee turnover. Long-term care is a business that is very service-oriented, and when you have high employee turnover your customer service suffers. By developing a staff recognition program and a mentorship program at Lakeside Health, employees would be rewarded and recognized by their employer and would receive direction with their job duties, with the hope that it would lead to a reduction in staff turnover.
Tasks Involved

There was a lot of research done by myself, as well as the Director of Human Resources, on the topic of employer best practices. A thorough examination of our research led me to conclude that many things that are considered to be best practices seem to be common things that many employers do at some level. Many things that were recurrent themes were competitive wages and benefits, strong staff development programs, frequent staff recognition, and frequent communication from administration. I believe that the facility was doing about half of these areas well but could improve on some others, including staff development and recognition programs.

I knew that this project was going to involve a number of employees. The Director of Human Resources played an important role in developing a staff recognition program that included a cookout to thank staff for all of their hard work and dedication. The “Shining Star” program was incorporated to allow residents, families or staff to submit recommendations to give special recognition to an employee who has gone above and beyond the call of duty. The Administrator helped with these initiatives as well, and met monthly with union presidents to discuss staff concerns. The Director of Education and I worked to develop a mentor training program that included a series of review checklists (please see Appendix O). This was designed to help new nursing assistants become comfortable with the duties that they were expected to perform.
Outcomes and recommendations

When my practicum is over, this project will continue in the facility. Some of the training programs have started, but the review checklists won’t begin until the facility is cleared in the next survey. I believe that the mentor program will also begin at this time. There has been a lot of support for this project and employees are appreciating the extra recognition and training that they are receiving now and into the future. Furthermore, proper education and training and open communication have contributed toward the success of this project.

Editors’ Note

Retention of quality staff is essential to improving employee turnover in an organization. Examining all of the factors impacting the human resource environment is essential to make progress in this area. A steadfast, vigilant approach to this ongoing challenge is key to a successful program.
Project Title: LCD Television Project

Written by: Annie Taylor

Practicum Site: Chippewa Manor

Preceptor: Karen Robinson

Introduction

Enriching the quality of life for residents of a nursing facility is a priority, and many organizations have taken various approaches to enhancing their environments. For the residents of Chippewa Manor in Chippewa Falls, Wisconsin, this meant adding LCD televisions to many rooms within the nursing home. Since television is one of the ways that residents occupy their time on a daily basis, this facility wanted to bring the best in home entertainment to the people who live there. Chippewa Manor has always strived to be a technological leader among local facilities. In fact, Chippewa Manor was the original beta test site in 1983 for the Electronic Charting Systems (ECS) software program through American Data. This project highlights another example of Chippewa Manor’s dedication to clients and their families.

Project Description

Television is an important activity to many of our residents. The Chippewa Manor offers complimentary cable television with DVD or VCR capabilities in two dayrooms, as well as a big screen television in the dining room. Through the years, more and more people have participated in purchasing cable for use in their rooms. Previously, residents were responsible for bringing in their own television of appropriate size. There was a cable hookup on each side of a semi-private room so both roommates could have their own
television and they were each billed a monthly charge of $11.50. As time has passed, this system has become an increasing concern. Supporting two televisions in one resident room takes up valuable space and electrical outlets, as well as uses a significant amount of power to operate. In addition, it can be a major hassle for short-term residents and their families to haul a television in and out for brief stays.

**Tasks Involved**

The administrator, Karen Robinson, proposed the idea of installing one LCD television on the wall with two remotes in every room under the condition it was equally accessible to both residents. It then became my project to research the purchase and installation of these televisions and report my findings for approval from Karen and the owner of the facility, Darrell Rubel.

After much discussion, we decided the best and most logical place to install the televisions would be above the bathroom door. From our judgment, it happens to be the only place in the residents’ rooms that is equally visible. The decision was made to break down the project by each of the three wings. For budgetary purposes, we will complete one wing at a time using approximate yearly increments. In addition, we decided to begin our project on Wing 3, our Medicare wing. This would create a major marketing point for prospective clients, alleviate the extra hassle for our short-term residents, save significant space and electrical power, and provide two more electrical outlets in each room.
My first task was to research LCD televisions to find the most cost-effective, quality sets and choose the largest possible screen to fit the designated space above the bathroom doors. After much searching, I decided Dell 30” LCD Monitors would be the best model for our purposes. These specific televisions are a reasonable alternative to pricey Plasma screens, use less power, emit less heat, and possess a 25-50% longer life than a standard set, and provide picture-in-picture, internet capabilities, and high definition features. I also researched the steps necessary for future installation of MSN TV for residents to surf the web from these televisions.

The implications of this project required a significant amount of wiring through our attic, which is especially challenging during the hot, summer months. To complete the budget proposal, I needed a bid from our electricians for the cost of installing electrical outlets behind the televisions. This project also included working with our cable provider to install a cable outlet behind the televisions and remove the two existing cable outlets in each room. However, according to our contract, we are not responsible for this cost. After this task was accomplished, I created a budget proposal to present to Karen and Darrell and the project was officially approved. Throughout the project, I also worked closely with our Maintenance Supervisor to coordinate with the electrical and cable contractors. We began the installation process with just one television to work out any questions or concerns before attempting all 14 rooms.

The final step was to introduce the televisions to the residents. We used the figures I calculated in my budget proposal to set a monthly charge of $15.19 per resident. If they
opted to use the television, the charge would be added to their monthly bill and they were
given a remote. If they decided not to sign up for the televisions, the remote was kept in
the business office for the next new admission. Many residents were astonished when
they saw how slim the monitor's design was *(please see Appendix P)*. Based on their
reactions, the residents were very impressed with the new equipment and found it to be
extremely easy to use.

**Outcomes and Recommendations**

Residents and staff alike are excited about the results of this project, and based on their
feedback I believe that this project is a success. The result is a less cluttered room for our
residents and higher quality of services provided within the facility as we continue to care
for the elderly of our community. This project required a lot of patience and many, many
phone calls to ensure that the project was completed successfully. It was important to
pay special attention to timeliness and quality, and remain in open communication with
contractors.

**Editors' Note**

There are many ways that long term care facilities can use technology to enhance their
services. Many organizations rely on a strong Medicare census and have been exploring
ways to make the long-term care setting more customer friendly for short-term clients.
While we often think of using technology to increase efficiency of operations, this is a
wonderful example of how it can also be used to enhance customer service, improve the
quality of life for residents, and generate positive public relations.
Appendix A

Admission Streamline Agenda
Columbus Nursing and Rehabilitation

1. Objective
   ✶ Create one corporate wide standardized admission packet
   ✶ Reduce the amount of signatures
   ✶ Reduce the amount of paperwork

2. State Mandated Forms

3. Review of packet

4. Incorporate into the resident handbook
   ✶ Two sided pages

5. Consult and review

6. Signature vs. initialing

7. Facility colors and logo

Notes:
Scott Myers - Admin
Sue Pergel - Admissions Coordinator
D.O.N. - ?
Volunteer

Soar...
Your Spirit
And Let
Volunteer

You not only give,
When you volunteer

Group Opportunities

Brewster Village has the space
and can accommodate
both large and small groups.

- Group opportunities
- Some exam
- In an activity
- Praise bands, choirs, and dance
- Churches, service organizations
- Available groups such as
-ions, and schools can sponsor

You also receive:
- Phone: (920) 832-3400
- Fax: (920) 832-4922
- 3300 West Brewster Street
- Appleton, Wisconsin 54914-1699
- Email: McElroy14@co.ouabam.org
Mission Statement

At Breeze Valley, we continue to lead the productive and fulfilling lives of our residents, providing the freedom of choice so they may remain active and independent in our community. Where individuals receive community-wide services with care, dignity and respect at Breeze Valley, we will excel at being a premiere leader of the full continuum of living options.

Vision Statement

The number of opportunities for residents has increased to enhance the feel of each new amenity, where residents will have their own bedroom and bath, living room, a pinball corner, a paper park, and a private backyard. Residents can choose among a variety of activities, from playing with pets to doing gardens and various activities like bingo, dances, and music. The community is designed to accommodate residents of all ages, and our communities are approved by the local and state departments of human services, making us a leader in the field of community living.

Why Volunteer?

Volunteer opportunities are available, and we welcome those who want to help. Contact the Support Services Coordinator or call [phone number] to volunteer.

How Do I Sign-Up?

You can volunteer at least 1 hour per week for several hours a day. One hour per week is approved by the staff.

Community Service

- Rewards
- Fun

Volunteer.

Experiences Available

- Community Service
- Volunteer.

Opportunities and Why

Join our team! McCarboth@communityliving.com

Call: (920) 223-1985

Jeff McCardle
Services Coordinator

Contact the Support Services Coordinator or call [phone number] to sign up for a volunteer opportunity.
at a time when there is nothing happening.
Views either to spend a program together or come
1) Live the activity schedule of events and plan
12) Live the activity schedule of events and plan
been doing and do this with them.
Activity at the gardens of activities they have
1) Play cards or games that they always
11) Play cards or games that they always
the more confused resident and the
10) Give 5 minutes to a resident. Both men and
over the years the residents have
9) Ask for help to get to a meal
8) Have a treat with a resident
7) Bring in cassette tapes of CDs to listen to.
6) Encourage the use of the recreation baskets
5) Write down positive recipes and sort through
4) Write letters and cards to family members.
3) Read magazine stories, poems, and books aloud.
2) Bring in photo albums and relate the memories.
1) Bring a newspaper and read it aloud.
4) Ask the following are tips for visiting a
a) Resident.
How do I start a conversation with
b) Resident.
How do I enter a Resident's Room?

text is missing or incomplete, please provide more information.
Appendix D

Dental Options for Ebenezer

Contract with Wilder Clinic

I have made contact with Dr. Shuman, the Director of Oral Health Services for Older Adults Program at the U of M. He is also my contact with the Wilder Organization, who works with the U of M school of dentistry. We have three options that Wilder can provide for us. Those options are outlined in the attached documents.

Cost of Option 1: $35 per bed per year, plus the cost of transportation
Cost of Option 2: Mobile dental unit to stay in facility would be approximately $37,000-$40,000.

Fixed unit in facility, including all the equipment needed and space preparation could be up to $100,000.

Dr. Shuman, and the Wilder Clinic have advised us to first set-up a relationship by signing a contract that allows us to send our residents to them. After we have established this relationship, we can continue to work on creating an on-site clinic for Ebenezer. If we did want to set-up our own clinic here at Ebenezer, they would supply us with the support we need in all aspects of getting it started. They would fully staff the clinic, and with the size of the population that we have, they would probably be out to the facility 2-3 times per week. The Wilder Clinic would take care of all the billing for both options.

Create On-site Clinic with Volunteer Hygienists

Two hygienists, Jane Hansen and Jamie Rosel, have approached Ebenezer Luther Care Center about setting up a dental clinic on-site. Under a fairly new law called "Collaborative Dentistry," these hygienists are able to come into our facility without the direct supervision of a dentist. Their plan is to be here up to four days a week, and have a dentist come in one day a week. The hygienists would come in to do routine cleaning and exams, x-rays, and staff education. They would in turn report their findings to the dentist, who would address the issues when he comes to the facility. At this point we are currently searching for grant money to get this clinic started. I have met with Nancy Johnson at the Fairview Foundation to present this project. Nancy has also spoken to both Jane and Jamie about what their needs are. An estimated cost has not been calculated, although I would assume that the costs would be similar to those that the Wilder Clinic provided us. We have all been researching grant options, along with where we could possibly get some of our supplies donated to cut down on the costs. Both Jamie and Jane are very passionate and interested in helping the senior population with their dental needs. They would really like to have this clinic up and running by October 2004.
Potential Dental Service Packages for Nursing Home Affiliates

- **Option 1: Comprehensive Care at the WSDP**
  - WSDP provides full access to comprehensive dental care at its Wilder Clinics, including all diagnostic, preventative, restorative, surgical and prosthodontic services, along with:
    - Written dental provider agreement per state regulations
    - Access to 24 hour dental emergency phone coverage
    - Access to WSDP documentation/communications systems
    - Consultation and assistance on oral health care quality improvement and in-service education programs

  - Affiliated nursing home provides:
    - Transportation
    - Logistic (e.g., scheduling) support
    - Annual service fee of $35 per bed

- **Option 2: Comprehensive On-site Care at Affiliated Nursing Home**
  - WSDP works with affiliate to develop satellite clinic on-site to provide all diagnostic, preventative, restorative, surgical and prosthodontic services, along with all other services included in Option 1 above.

  - Affiliated nursing home provides:
    - Space for clinic, funds for equipment, and site maintenance
    - Logistic (e.g., scheduling) support
    - Annual service fee of $35 per bed

- **Option 3: “Care Only As Needed” at WSDP**
  - WSDP provides dental care at the Wilder Clinic on a case-by-case basis as feasible. There would be:
    - No written provider agreement per state regulations
    - No 24 hour dental emergency phone coverage
    - No enhanced documentation/communications systems
    - No consultation or assistance with oral health care quality improvement or in-service education programs

  - Affiliated nursing home provides:
    - Transportation
    - Logistic (e.g., scheduling) support as needed
Appendix E

Assisted Living Market Assumptions

- Market is currently “saturated” and soft.
- Vacancies and/or “fill-up” are taking longer.
- Maintaining a high census is challenging due to shorter lengths of stays and frailty of population.
- Waiting lists are often misleading due to the “need-driven” nature of the admission.
- RCAC programs may be impacting census and length of stay in assisted living facilities.
- Market rate apartments with the assistance of home health are starting to attract seniors.
- Pricing is complex with many variations for entrance and service fees.
- Meriter Terraces is priced at the upper end of the local and national market.
- Length of stay in assisted living facilities in the state and nationally is declining.
- Average occupancy for assisted living facilities is 87%.
- Local assisted livings are encouraging or requiring their care assistants to be certified nursing assistants-either through reimbursement or sign-on bonuses.
Appendix F

Brooke Hanko
Assisted Living Project

2000 National Survey Summary

The combination of extended life expectancy and the aging of the U.S. population are resulting in an increasing demand for a variety of long term care services. Rapid growth in assisted living is expected to continue based on demographics, the need for personal services and a consumer preference for a homelike setting as long as possible. “In 2000, about one in eight Americans were aged 65 or older; by 2020, it is estimated that approximately one in five will be aged 65 or older.” Consumers will continue to be attracted to assisted living because it offers independence, privacy and personal care. Demand is only expected to keep or exceed the pace of the 75 year or older market.

Survey Results:

Age – In 2000, the average age of a typical resident was 80.

Resident Profile – The typical resident is a woman between 75 and 85 years of age who is mobile; however, she does need assistance with two activities of daily living. Males make up 31 percent of the population.

ADL’s – The average ADL need was 2.25, compared to 3.75 for nursing facilities. This is one area that showed a difference from the 1998 survey. Residents need assistance with at least one ADL increased from 1.7 to 2.3. The percentage of residents who needed no help decreased. Also, 86 percent needed or accepted help with their daily medication.

<table>
<thead>
<tr>
<th>Personal Activities</th>
<th>Independent</th>
<th>Some Help</th>
<th>Dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td>28%</td>
<td>42%</td>
<td>30%</td>
</tr>
<tr>
<td>Dressing</td>
<td>43%</td>
<td>33%</td>
<td>24%</td>
</tr>
<tr>
<td>Transferring</td>
<td>64%</td>
<td>19%</td>
<td>17%</td>
</tr>
<tr>
<td>Toileting</td>
<td>58%</td>
<td>22%</td>
<td>19%</td>
</tr>
<tr>
<td>Eating</td>
<td>77%</td>
<td>13%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Size – The average facility has 30 beds and 23 residents; however, they tend to vary.
Appendix F

Cost – The overall monthly average charge was $1,873. The breakdown was 48 percent charge between $1,000 and $2,000; 23 percent charge between $2,000 and $3,000; 9 percent charge more than $3,000 each month. There are 16 percent that charge below $1000. The main source of funding these monthly charges is through private pay.

![Cost Distribution Chart]

Source: NCAI, Survey of Assisted Living Facilities, 2000

Medication Assistance – As one can see from the chart below, there have been significant increases in medication administration, distribution and reminding/guiding. It is apparent that more options are available for incoming residents with higher acuity needs. There has been a significant increase from 1996 to 2000; one has to question what type of market assisted livings will serve in the next four years.

![Medication Assistance Chart]

Source: NCAI, Survey of Assisted Living Facilities, 2000
Appendix F

Staffing – The number and type of staff employed by an assisted living varies depending on size and state regulations.

<table>
<thead>
<tr>
<th>Position</th>
<th>A (Position Exists and is Filled)</th>
<th>B (Filled with Facility Employees)</th>
<th>C (Filled with Non-facility Staff)</th>
<th>D (Filled with Combination of the Two)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrators</td>
<td>86%</td>
<td>72%</td>
<td>25%</td>
<td>11%</td>
</tr>
<tr>
<td>Marketing Directors</td>
<td>22%</td>
<td>19%</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>Accountants</td>
<td>39%</td>
<td>28%</td>
<td>14%</td>
<td>2%</td>
</tr>
<tr>
<td>RNs</td>
<td>40%</td>
<td>29%</td>
<td>14%</td>
<td>3%</td>
</tr>
<tr>
<td>LPNs</td>
<td>38%</td>
<td>33%</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>CNAs</td>
<td>42%</td>
<td>37%</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>Personal Care Workers</td>
<td>60%</td>
<td>53%</td>
<td>14%</td>
<td>7%</td>
</tr>
<tr>
<td>Universal Workers</td>
<td>19%</td>
<td>18%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Medication Aides</td>
<td>20%</td>
<td>17%</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>Dietitian</td>
<td>24%</td>
<td>9%</td>
<td>18%</td>
<td>3%</td>
</tr>
<tr>
<td>Dietary Aides</td>
<td>23%</td>
<td>21%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Chefs/Cooks</td>
<td>50%</td>
<td>43%</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td>Busboys/Dishwashers</td>
<td>18%</td>
<td>16%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Health/Wellness Directors</td>
<td>8%</td>
<td>6%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Activities Directors</td>
<td>48%</td>
<td>40%</td>
<td>11%</td>
<td>4%</td>
</tr>
<tr>
<td>Maintenance Managers</td>
<td>43%</td>
<td>36%</td>
<td>11%</td>
<td>4%</td>
</tr>
<tr>
<td>Maintenance Assistants</td>
<td>19%</td>
<td>16%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Beauticians/Barbers</td>
<td>41%</td>
<td>12%</td>
<td>30%</td>
<td>1%</td>
</tr>
<tr>
<td>Housekeeping Managers</td>
<td>22%</td>
<td>19%</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>Housekeepers</td>
<td>40%</td>
<td>35%</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Laundry Managers</td>
<td>6%</td>
<td>5%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Laundry Aides</td>
<td>14%</td>
<td>13%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Drivers</td>
<td>24%</td>
<td>18%</td>
<td>8%</td>
<td>2%</td>
</tr>
</tbody>
</table>


(The data provided above is based on a national level from the National Center for Assisted Living’s 2000 Survey.)

Overall, I think this is valuable information and it should be raising a level of awareness for most assisted living facilities. Resident profiles and needs are changing. In relation to Meriter Terraces, I believe one may want to be re-evaluating their pricing structure, staffing levels and referral pattern. MT’s pricing structure falls well above the national and local average. This could pose a potential problem with the development of all the stand alone assisted living facilities that have a much lower rate. I think that compared to the local market, MT has a generous staffing structure, but this could be an
Appendix F

issue if residents needs continue to increase. Since MT is part of a CCRC, the question of whether residents are moving through the continuum as their assistance level progresses should be asked. If this becomes an area of concern, management will want to address how they are doing with external referrals. I do not think it is too early to think about marketing and one’s position within the community.
Survey Prep Packet

Nursing, Community Staff
(Rec. Therapy, Soc. Svcs.)

This information is designed to help you prepare for the upcoming State Survey.

Please return completed packet to the Portico by Wednesday, March 10th. All packets received by the deadline that have 90% of the answers correct will receive a small gift with your paycheck on March 12th.

Name_________________________ Date_________________
Appendix G

Mission Statement

1. In the space provided, write the Presbyterian Homes & Services mission statement:

2. In your own words, explain what this mission statement means:

Emergency Plan Manual

1. List where you can find the Emergency Plan Manual in your work area:

NAR- Nutrition & Hydration

1. What is the minimum number of cups of liquid needed by a resident per day?

2. When should liquids be offered to a resident?

Infection Control

1. What is the most effective way to prevent the spread of disease?

2. When nurses give an injection (shot) they use a safety needle that has a protective sheath that covers the needle. Where must this be disposed of after it has been used?

AWAIR

1. AWAIR is an OSHA requirement. What does AWAIR stand for?

2. When must an employee report an injury at work?

3. Who must an employee report their injury to?
Resident Bill of Rights

Use the following words to fill in the blanks

Dignity  Restraints
Retaliation  Choice
Privacy  Informed
Substitutes  Refuse
Confidentiality

1. Treating our residents with ____________ is the key to the whole Resident’s Bill of Rights.
2. Food ____________ are available to any resident who doesn’t like what they are eating.
3. All residents have the right to be free from physical and chemical ____________.
4. Residents have the right to ____________ any medication or treatment.
5. ____________ is never allowed even when a resident complains.
6. Residents can make a ____________ regarding their routines, their preferences and who they communicate with.
7. Residents have the right to ____________ about the Resident Bill of Rights and their health status.
8. Residents have the right to ____________. We must never discuss our residents outside of work and only on an “as need to know” basis at work.
9. Every resident has the right to ____________ including when treatments and cares are being done, during phone conversations, conversations with visitors. And remember we must always knock before entering their rooms to honor this right.

Procedures

Fire

1. What does RACE stand for?
2. Our code word for fire is?
3. If you hear the fire alarm but don’t know where the fire is, where do you go to find out it’s location?
Appendix G

4. If you are unsure of what to do in case of a fire, what book should you get? Where can you find this book?

*Missing Resident*

2. If a resident is missing from your area, what should you do?

*Vulnerable Adult (VA)*

3. If you suspect or know of any abuse or neglect towards a resident, what steps should you take?

*Dining Room Protocol*

1. How can someone clean their hands between feeding residents at a table?

2. What must be done with resident’s face and hands after completing a meal?

3. What will tell you the type of diet, liquids, feeding assistance, etc. that each resident is to have at each meal?

4. What does the Mealtime Assistance acronym TIPS stand for?

5. All residents seated at a table do not need to be served at the same time? True or False (circle correct answer)
MEMO

TO: Community Coordinators, Clinical Coordinators, Patty Howard, Rich Perron, Lisa Straight, Barb Rowe

CC: Susan Christenson, Traci Mosoti

FROM: Eliza Huntoon, Administrative Intern

DATE: 2-11-04

RE: Survey Prep

At last weeks MHHA convention, there was a session titled, Building Confidence Through Survey Competencies. The session gave some great ideas on how to build staff’s confidence during survey time. An example of a survey prep packet that was used by another facility was distributed at the session. The prep packet consists of questions regarding nursing, dietary, disaster plans, etc. The facility that used this survey prep packet with staff had staff answer the questions that were relevant to his/her job and then they received a small gift after completing the packet.

I need your help in coming up with questions for the staff in your department/community. This can be an effective and fun way to prepare your community for survey. Please think of some good questions to ask the staff in your department and feel free to email your questions to me at ehuntoon@preshomes.org or drop them off in my mailbox no later than Friday, February 20th. Thank you for your help as we anticipate the survey.
Appendix G

MEMO

TO: McKnight Stand-up Facilitators, McKnight Community/Clinical Coordinators, Rich Perron, Patty Howard, Barb Rowe, Lisa Straight

CC: Susan Christenson, Traci Mosoti

FROM: Eliza Huntoon, Administrative Intern

DATE: 3-1-04

RE: Survey Prep

Thank you to those of you who helped come up with questions for the survey prep packet. The packet has been completed and is ready for staff to pick up and complete. There are separate packets for each department including Dietary, Laundry, Maintenance, Housekeeping, and Engineering. Nursing and Community staff (Recreation Therapy & Social Services) will use the same packet. The packets for the communities will be available at your floors HUC desk. Staff outside of the community can obtain the packets from their supervisor. I am asking that staff drop off their completed packets at the Portico no later than Wednesday, March 10th. Those people who receive 90% or better will receive a small gift when they pick up their paychecks the following Friday, March 12th. Each person who completes the packet will also receive CEU’s for completing the packet.

These packets are designed to prepare staff for the survey process so I ask that you encourage staff to complete the prep packets. If anyone has any questions, please contact me at extension 6013.
Appendix G

Stand-up Addendum for McKnight Staff

Please read the following at your next Stand-up:

Attention all staff:
There is a great opportunity to prepare yourself for the upcoming State Survey and earn CEU’s. A survey prep packet has been created to prepare you for the survey process and hopefully make you feel a little less nervous and stressed out. The packet contains questions regarding a variety of topics, including questions specific to your department/community.
You may pick up a packet at the Health Unit Coordinator’s desk on your floor or you can get it from your supervisor. Once you have completed the packet, you can drop it off at the Portico. It must be completed and dropped off no later than Wednesday, March 10th. For all of you who complete your packet by the deadline and get 90% of your answers correct, you will receive a small gift when you pick up your paycheck on Friday, March 12th.
Please direct any questions to Eliza Huntoon, Administrative Intern, Extension 6013.
Certified Nursing Assistants are the unsung heroes of the health care field. They are the first line of defense that ensures quality resident care, making them the backbone of any long term care facility. This is not any easy role for anyone to transition into. This book has compiled over 150 years of Certified Nursing Assistant experience to help new CNA’s make that transition smoothly, and help experienced CNA’s gain a new perspective on their job. With minor editing, the advice given in this book is as expert as it gets. Thank you to all of those who were willing to share your experiences.

R.T.L.
Appendix H

My First Week

I was so nervous... on my first day I cleaned up the body of someone who had just passed away. I felt like I had no idea what I was doing. Later, one of my co-workers came up to me and told me I was going to be a really good CNA. That really made me feel a lot better.

9th year CNA

I was pretty nervous my first day. As a male, I found it difficult to do female peri care. I talked to my DON about it, and she told me that once I got started, I would be fine. It turns out she was right, all it took was a little bit of experience and soon I had gotten over that fear.

3rd year CNA

Oh man, I hated my first week as a CNA! I didn’t want to do anything! But then I went home and gave myself an attitude adjustment. I realized that it could be my mother or father I was taking care of. Since then I have treated every resident like they were my parents.

12th year CNA

I was very anxious my first week. Truthfully, old people kind of gave me the heebie-jeebies. Also, I wasn’t too excited to do peri area cleaning. But, with the reinforcement of my co-workers, I was able to get over that pretty quickly.

11th year CNA

I was so excited my first week! I knew the basics of what to do, so I just wanted to dig right in and do it. I was not afraid to ask questions, and had no problem with other people telling me what to do. Believe it or not, the minute I stepped in the door, I knew I would love this job.

13th year CNA

It is definitely nerve-wracking during your first few weeks! Between getting to know the residents, getting to know the staff, and trying to provide good care in a timely manner, you quickly learn that this job has some stress!

12th year CNA

Excited? No. Nervous? Definitely yes! But you will get over that!

1st year CNA

I was nervous about not knowing the residents...their special needs, time frames of resident cares, charting and whatnot. I guess the simplest way that I acclimated to the job is that I asked questions, even if they sounded stupid.

12th year CNA
The GOOD and the BAD

I really didn't have any negative experiences my first few weeks of being a CNA. I think that all of the positive reinforcement from other staff really played a large role in that.

9th year CNA

I had a resident scream at me my first week and tell me that I was doing things wrong. Initially this really bothered me, but then after gaining some experience, I realized that this is more common that I thought.

3rd year CNA

I was working the night shift and the nurse thought that I was taking too long to answer call lights. So he went walked down my hallway and turned on every call light, and then yelled at me. You can't let people like that get to you though. I had plenty of positive comments about my work from my fellow workers, and that is what I concentrated on. Focus on the positive and not the negative and you will enjoy your job a whole lot more.

11th year CNA

I probably had a bad experience my first week, but I don't remember it. You learn to get over stuff like that. I do remember some of the residents that I helped, though. That's the important stuff.

13th year CNA

I felt kind of worthless right away. Everyone knew what to do except for me... I was out of place. Then, when I was sitting in the break room by myself, a nurse came over and complimented me on the job that I had been doing. That made me feel so much better! Now I always try to go out of my way to compliment new people.

12th year CNA

At first it feels like everyone is telling you that what you doing is wrong. But don't forget to listen to the residents and staff who are telling you all the things that you are doing right!

1st year CNA
Get everything set up before you start, and make sure that you have everything in front of you that you will need. Then you don’t have to run and get something while you’re washing them.

9th year CNA

Be organized! Double check to make sure you have everything with you beforehand.

3rd year CNA

Make sure you wash the resident’s hands often, especially in dementia cases where they keep their hands balled up in tight fists.

12th year CNA

Have a routine that you can put onto auto-pilot. This eliminates mistakes.

11th year CNA

If a resident is on the commode, wash them there. Start with the face and wash down the body. That saves a lot of time in the morning.

13th year CNA

Bring with you one washcloth to use with soap, and one washcloth to use without soap. You don’t want to leave their skin with soap still on it.

12th year CNA

Tell the resident what you’re doing in a happy manner. Otherwise they may resist your quite a bit more.

12th year CNA
Appendix H

Getting Residents Out of Bed

Try and let them sleep as long as they can, but when you have to get them up, find out their specific likes when it comes to being woken up and use them.

9th year CNA

It’s all about the approach. Some residents you can yell at to get up, others need to be gently coaxed. Learn what will work best!

3rd year CNA

Nobody likes being surprised when being woken up. Be gentle.

12th year CNA

Get everything ready in the room before you wake them up. Then they don’t have time to change their mind and go back to sleep while your gathering equipment.

11th year CNA

Smile, be humorous, and have patience. Warn them of when you’re tuning on the light. If they still refuse and are frustrating you, walk away, get your composure, come back and try again.

13th year CNA

Tell them you are helping them up so they can go eat breakfast. Give them a reason to get up, otherwise they will have no motivation.

12th year CNA

Be happy! Who wants to get out of bed for a grouchy?

12th year CNA
Appendix H

Depressed Residents

Cheer them up! Joke with them, tease them, and work hard to get some smiles! Encourage them to get out of their room and socialize with other people.

3rd year CNA

To my residents, I'm their rascal grandchild. It's my job to be goofy and make them laugh. It makes me feel really good to see them happy.

12th year CNA

Dealing with depressed residents is really hard for me. I feel so bad for them! I just try to listen and be a shoulder to cry on. Listening is the key to making them feel better.

11th year CNA

Be a good listener. Be silent unless they need for you to speak. Just try to provide as comfortable an environment as possible.

13th year CNA

Lend them your shoulder and don't be afraid to tell the residents that you love them! Hug them! Laugh with them! You mean a lot to that person!

Set off a chain reaction of social interaction by encouraging them to take part in any activities and encouraging others to socialize with that person. All it takes is one good experience to set off a whole bunch more.

12th year CNA

Although it's very hard to do, try to understand their loneliness.

1st year CNA

Take the time to talk to them about how they feel. Don't, however, diagnose a resident or their families unless you're a psychiatrist.

12th year CNA
Disgruntled Families

Wow, there are plenty of those! The best way to handle them is to establish what is making them so upset, and then work for them to try and correct that problem. Once people see that you are trying to work with them and not against them, they calm down.

9th year CNA

Use good customer services techniques. Ask ‘what can you and I do to achieve this goal?’

3rd year CNA

Lay on the charm, then get help! Do all that you can to help make that person happy and calm them down a bit.

12th year CNA

Don’t use slang! Be professional. Find the problem without emotional attachment, keep your voice at an even tone, and then help to solve the problem. Look at the facts and show what has been done right.

11th year CNA

Families are going to be upset! Let them vent, and when they are done, let them know that you are there to help. Be calm, listen, and work for them.

13th year CNA

If there is nothing that you can do to help them right away, go find the residents nurse.

12th year CNA
Appendix H

**Personal Grieving**

Be strong for yourself and for the family. If you feel like the situation is too much for you... know that you don’t have to be there. Ask for help from another aide or a nurse.  

9th year CNA

If you’re sad, keep it closed at work. Be accepting that death is a part of life.  

3rd year CNA

I just try to remember that I did the best I could and made their final moments on this earth the best they could be. They are now happier and I should be too.  

12th year CNA

It’s easy to get attached; you take care of these people almost every day. Go ahead and cry, it’s natural. You’ve been their friend for a long time and it’s ok to feel sad.  

13th year CNA

While it is sad when someone passes away, you have to remember that it was their time. They are now in a better place and not suffering anymore. I hate to say that you should become immune to it, but you almost have to.  

12th year CNA

Personally, it doesn’t really bother me that much. They have lived a long life and it’s their time. There is nothing sad about that.  

1st year CNA

Don’t get attached. It’s alright to get close with residents, I know all about my resident’s families and their lives, but I don’t grow feelings as if they were my own grandparents. Know where to draw that line.  

3rd year CNA

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Appendix H

Thanks to:

All the CNAs who let me interview them
Bethany Lutheran Homes
Bethany Riverside Staff
Family Heritage Center
St. Croix Valley Good Samaritan Center
  Colleen Bonsack
  Stacy Boehm
  Steve Cook
Karen McDonough
Nathan Pearson
Wallace Apland III
Appendix I

**FISH! In-Service 12/2/03**

I. Ask everyone to write a positive and a negative attitude that they have felt. Have the negative attitudes written on red paper and the positive ones written on green paper. Collect all the negative attitudes and put them through the shredder, stating that we can now clear our minds of negative attitudes and sit back and relax and watch the upcoming video. (5-10 minutes)

II. Watch the FISH! Video. After the video is done, ask people how they are feeling now and if they would like to have fun at work like the fish guys do. Hand out Swedish fish and Goldfish crackers to everyone. (20 minutes)

III. Have people split up by counting off 1,2,3,4, etc. and all the people with the same number work together. Hand out the “Choose Your Attitude” discussion questions and each one of the “leaders” can circulate to mediate the different discussions. Discuss the questions as a whole. (15-20 minutes)

IV. At the end of the in-service stress the importance of choosing your attitude and give fish stickers to anyone who agrees they would like to choose a positive attitude in their life.
Appendix J

**CHOOSE YOUR ATTITUDE**

“You’ve gotta choose where you’re going to be as soon as you get out of bed. I do consciously make that choice every day.” -Bear

Nobody makes you be at your specific workplace-you choose it. When you choose, you are free. You get to consciously choose your commitments and your attitudes, as opposed to being at the whim of circumstances or other people’s actions. For the fishmongers, choice is directly connected to enjoying work, being happy and knowing they make a powerful difference.

- What difference does it make to consciously choose each day what you have already chosen (such as where you work and what you do)?
- In what situations have you let your attitude affect your performance and/or relationships?
- Think of a customer or co-worker you view as difficult. How do your attitudes and actions towards this person actually reinforce the difficulties you have with them?

“Make the choice. Be happy or don’t be happy, you know. Wake up. It’s a much better world to live in.” -Justin

- How is happiness, or any attitude or emotion, a choice? What is out of our control that we cannot choose? What emotion or attitude do you typically choose that helps you achieve the results you want?
- How does CHOOSE YOUR ATTITUDE affect the other FISH! principles?
- Do you have any regular attitudes that feel like they “happen” to you rather than you choosing them? If they are not working or helping you, in what ways could you apply CHOOSE YOUR ATTITUDE to make a different choice?

“I don’t want to wake up at quarter to six every morning, but you know, I have to. Are you gonna be upset all day? Or are you going to be happy all day, you know? I mean, not necessarily all day, but for the most part, you know?” -Justin

- What are some things you just don’t want to do? How do you feel at these times? What about CHOOSE YOUR ATTITUDE could help you move through your resistance? What are some new choices you could make?
"It's a simple choice. That's all it is. Ah-hah! I have it!" -Justin

- What is the "it" in "Ah-hah! I have it"?
- Think about someone you know who maintained a positive attitude even during tough times. What effect did their choice have on other people? What did she or he do to maintain that positive attitude?
- If one member chooses to be happy, how might that affect the team? What are the potential consequences to a team if a few people choose a toxic attitude—or don’t even realize they have a choice?
- Not everyone has an attitude that works every day. What can you do to help other team members choose their attitude?
Appendix K

Working with Resistance

"I Can’t Do it"
If the fish guys are living in a way that you want for yourself, what’s stopping you from making the choice to live that way too? The fish guys are no different, nor more capable than you or I. It’s the choices they make that are extraordinary.

"What if nobody else does it?"
First of all, the managers are backing this 100%. You will not be alone. The important thing is that you should live joyfully and wholeheartedly for yourself. Others may choose to join you if they feel good around you.

"My co-workers won’t let me do it."
You can’t change others. If you’re frustrated with your job, you have three choices:
1. You can go somewhere else.
2. You can go through the motions, complaining about people and situations you can’t change.
3. You can choose to live in a way that acknowledges the value of your own life and take charge of the only person you can control, yourself.

"A nursing home is different from the fish market."
Even teams and organizations within the same industries embrace Fish in their own way. Why not? Each organization is made up of people who have their own talents, desires, and complexities. The common goal for every type of organization is to produce results as a team and live more joyfully while they are doing it. It has nothing to do with the fish market or throwing fish.

"We’re too busy to play."
Our work should be our play. You might classify a meeting as work and golfing as play, but the activities themselves are neutral. The variable is you, and the attitude you bring to those activities. Play does not mean goofing off.
Appendix L

Work vs. Play

Divide a large piece of paper into two columns and write "work" at the top of one column and "play" at the top of the other. Ask the group to describe activities and things they associate with work (ex: budgets, meetings, reports, etc.). These will obviously be different things to different people, depending on what their job duties are. Then ask the group for things that they associate with play (ex: fishing, skiing, golfing, etc.). Write their responses on the paper under the corresponding heading.

Have a discussion about how they feel when they are doing the different activities (serious, rushed, peaceful, engaged, excited, enthusiastic, etc.).

Purpose

• Common thread is YOU!
• Discuss what work would be like if everyone brought that same positive energy to work that they bring to play
• Ask group to work on doing this
Appendix M

Pig Exercise

Researchers at Purdue University have analyzed dozens of pig drawings (or so they say!) and have discovered that you can tell a little something about peoples’ personalities from their “pig” drawing.

Placement on the Paper

• At the top – You are positive, optimistic, and have a sunny outlook
• At the bottom – You may be a skeptic or somewhat cynical, with a tendency to see the glass as half-empty.
• Toward the middle – You are a realist, very pragmatic.

Direction on the Paper

• Facing Left – You believe in tradition, are friendly, and remember dates (birthdays, anniversaries, etc.)
• Facing Right – You are innovative, creative, and active, but may not have a strong sense of family, preferring autonomy. You have a tendency to forget dates.
• Facing Front – You are direct, enjoy playing devil’s advocate, not afraid of confronting a bad situation, neither fear nor avoid hard questions or discussions.

Details

• Many Details You are analytical, cautious, and somewhat distrustful or wary of others.
• Few Details You are emotional and naïve, you tend to see the big picture, but be impatient with details. You are a risk-taker.

# of Legs

• Fewer than 4 Legs You may be living through a period of change, self-reflection
• 4 Legs Showing You have a healthy self-image, may be stubborn, but stick to your principles and ideals.

Size of Ears

• The size of the ears indicates how good a listener you are. The bigger, the better.

Length of the Tail

• The length of the tail indicates the quality of your sex life (And, again, more is better!)

NO Tail

• Okay, anyone who didn’t draw a tail – You are just no fun at all!
Communication Focus Survey

Name (Optional) ____________________________________________

Please give three concerns you have in the following areas.

*Good communication between departments*

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*Good communication between shifts*

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*I am informed of changes that will affect my work*

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please be specific. We can only fix what we know about.

I would like to be a member of the communication task force. Yes □
(This is only a temporary commitment) No □
Appendix O

Lakeside Nursing & Rehabilitation
Mentor Program
Individual Evaluation

Employee: ___________________________  Business: ___________________________

Quality of Work

5  Excellent quality, extremely thorough, minimum of errors
4  Above average quality and thoroughness, corrects errors
3  Satisfactory accuracy and thoroughness, few errors go unnoticed
2  Falls short of quality requirements, uncorrected errors require frequent checking
1  Unsatisfactory quality, excessive number of avoidable errors

COMMENTS: ____________________________________________________________
______________________________________________________________________
______________________________________________________________________

Rating

Quantity of Work

5  Exceptional output, maximum utilization of time and facilitates
4  Usually performs more work than expected, uses time to good advantage
3  Performs required volume, seldom more; meets schedules
2  Below standard productivity, some unwarranted time loss
1  Insufficient producer, fails to meet time requirements

COMMENTS: ____________________________________________________________
______________________________________________________________________
______________________________________________________________________

Rating

Personal Relations (w/other employees, supervisor, etc.)

5  Works extremely well with others, always cooperative with Supervisor, never abuses work rules
4  Works well with others, cooperative, seldom abuses work rules
3  Cooperates satisfactorily, meets others half way
2  Occasional difficulties with co-workers or supervisor, has tendency to bend work rules
1  Argumentative and difficult to get along, uncooperative, breaks work rules

COMMENTS: ____________________________________________________________
______________________________________________________________________
______________________________________________________________________

Rating
Appendix O

Personal Appearance

5 Always well dressed and very neat
4 Above average grooming and neatness
3 Generally neat and clean, satisfactory appearance
2 Sometimes untidy and careless about personal appearance
1 Very untidy, completely careless about personal appearance

COMMENTS: ____________________________________________________________

Rating

Attendance

5 Excellent attendance and punctuality
4 Very prompt and regular in attendance
3 Usually present and on time
2 Occasionally absent or late in reporting to work
1 Often absent and/or usually reports for work late

COMMENTS: ____________________________________________________________

Rating

Judgement

5 Exceptionally capable of evaluating work circumstances and making proper decisions
4 Often evaluated work circumstances and makes accurate decisions
3 Has adequate ability to make decisions
2 Occasionally makes decisions, some inaccurate, and not well thought through
1 Rarely makes decisions, often those decisions are incorrect and cause further difficulties

COMMENTS: ____________________________________________________________

Rating

________ Total Rating                                      Total Possible Points: 30

SUPERVISOR COMMENTS AND AREAS FOR IMPROVEMENT: _________________________________________

__________________________________________________________

Date: ___________________________  Supervisor: ___________________________

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