4th Annual Leadership Compendium

The Best Student Leadership Projects of 2005
Forward

We are pleased to be publishing our 4th annual Leadership Compendium, highlighting the best student leadership projects of 2005. One growth area for our students during the practicum year is focused on their leadership and management development. Our program has a strong commitment of 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 30 years has reflected a positive and respectful relationship with all of our practicum sites. The Center for Health and Aging Services Excellence (CHASE) is committed to putting resources toward serving health and aging service organizations as valued partners as we all continue to “reach new heights” 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.

We are continuing to provide this publication to our primary audience of participating practicum sites and students for use as a reference for current or future practicum students. We have also expanded the distribution to other colleagues and interested parties in the field as a potential tool to stimulate the ongoing exchanged 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.

Dr. Douglas Olson, Associate Professor & Dr. Jennifer Johns-Artisensi, Assistant Professor
Health Care Administration Faculty at the University of Wisconsin-Eau Claire

Edited by: Meredith Wolf, CHASE Outreach Coordinator
Comments provided by Dr. Olson and Dr. Johns-Artisensi
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**Project Title:** CARES  
**Student:** Crystal Beyer  
**Preceptor:** Paula Sparling  
**Practicum Site:** Covenant Village

**Introduction:**

Events that promote fun and learning within an organization are an excellent way to involve your staff and/or customers. In the case of a long-term care facility, fun ways to promote learning can create an enhanced feeling of community among residents, and can build teamwork among staff.

**Project Description:**

Each quarter Covenant Village puts on an event that encompasses both residents and staff—based on the facilities resident-centered program, CARES (Choice, Attitude, Residents first, Energy, Satisfaction). CARES events promote staff involvement with residents and with the activities department and they reintroduce the facility’s resident-centered program to the staff and residents in a fun, engaging way.

**Tasks Involved:**

To plan this event I met with the activities directors to gather feedback about how to plan the event and how to market it within the facility. Then, I put together a four-person team that we comprised of the activity director, two unit coordinators and the staff development coordinator. The team met to discuss proposed activities, food options, and other tasks that needed to be completed. This team was also crucial in helping to communicate the event by hanging posters within the facility. Together, we planned a
one-hour event that would include an entertaining skit focused on CARES, our resident-centered program. The staff development coordinator did a terrific job recruiting “actors” for the skit. We also incorporated a “name that baby” contest (see appendix A) where staff and residents could submit their baby photos and people could guess who the baby faces belonged to. The photos were posted at the event so that everyone could have fun looking at them while they enjoyed their snacks that were provided.

**Outcomes and Recommendations:**

The event went smoothly, and we were able to gain a lot of participation from staff in terms of obtaining baby photos and acting out the skit. However, I could have enlisted the help of some more volunteers for the day of the event, and I should have designated someone to take pictures during the event. Also, I didn’t obtain quite as many resident photos as I would have liked.

**Editor’s Note:**

As more facilities move towards creating cultures of community within their organization it is important not only that staff are adequately trained in how to function in accordance with an organization’s guiding philosophy, but also that this philosophy is clearly communicated with those receiving care. This project was a nice example of an enjoyable event for staff and residents, designed intentionally to both educate and entertain.
Project Title: ClemenTimes  
Student: Amy King  
Practicum Site: Clement Manor, Inc.  
Preceptor: Dennis Ferger

Introduction:

A newsletter is an incredible marketing and communication tool that can provide valuable information to a target audience and lift the organization in the mind of your readers. One of the purposes of a newsletter is to communicate valuable and useful information to the reader, and may also serve as a device to help employees and those they serve adapt to change within an organization.

Project Description:

This project aimed to enhance communication within Clement Manor’s nursing home and retirement community in Greenfield, Wisconsin. Frustrated by previous attempts to create and maintain a regular newsletter that would both satisfy employee needs for communication and be enjoyable to read, the human resources director asked for a sustainable publication to be created that would keep employees informed and satisfied with workplace communication. The ClemenTimes was the result.

Tasks Involved:

Work began by asking all current practicum students to submit copies of their own facility’s newsletters in order to generate ideas. Amy then took those ideas and adapted them to meet Clement Manor’s employee communication needs. Due to the fact that the newsletter was a publication for employees, it was important that employees’ opinions be
taken into consideration. A brief survey was given to all employees requesting
suggestions for the newsletter. Additionally, the creation of this project involved the
collaboration of several individuals, including the human resources staff. All employees
were solicited for their feedback on improvements and story ideas. Deadlines were set
and adhered to, and over 300 copies were folded and stuffed into the paychecks for each
employee every month.

**Outcomes and Recommendations:**

The newsletter achieved its desired outcome of improving employee communication. To
measure this, a sample of 25 employees were surveyed regarding communication
improvement through the ClemenTimes (*see appendix B*). 96% of those surveyed
reported an improvement in the quality of communication. Overall, the project was also
a success based on executive and staff feedback, both formal and informal. The only
barrier to success would have been time constraints, but these were unavoidable. The
ClemenTimes was always planned in advance in order to allow for plenty of time for
distribution.

Based on ongoing implications, it is very easy to allow a project like this to lose steam in
favor of other projects. It will be important to keep the newsletter a priority so that this
does not happen. Also, it will be important to add new features from time to time to keep
employees interested.
Editors' Note:

Communication with employees is a critical component of establishing a positive work climate. The energy to create and sustain a staff newsletter is a solid investment in upgrading formal communications within an organization. Considering the current challenging work environment, businesses that are perceived as open to meeting the increasing demand of employees to know what is going on within their workplace have a retention edge.
Project Title: Dental Health Program for Senior Citizens
Student: Bonnie Roth (Syverson Home) and Lenora Kelly (Dove Healthcare)
Preceptors: Randy Bestul (Syverson Home) and Jim Deignan (Dove Healthcare)

Introduction:
In terms of oral health, senior citizens face a range of special concerns, including root
decays 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. As is the case across the
nation, dental care in nursing homes is currently a very limited service in the Eau Claire
area. There are reimbursement concerns as well as difficulties in finding providers and
transporting residents.

Project Description:
The goal of the collaborative dental health program for senior citizens was to provide
dental care for older adults living in long-term care facilities in the Eau Claire area, and
to provide staff education for each facility in regard to oral healthcare. This collaboration
included the Center for Health and Aging Services Excellence, UW-Eau Claire’s health
care administration program, Chippewa Valley Technical College’s dental hygiene
program, Dove Healthcare, Syverson Home (Grace Lutheran Foundation), The
Clairemont, and Oakwood Villa.
Tasks Involved:

To begin this project, we sought the assistance of a local dental hygienist, Linda Bohacek, who was already spearheading a similar dental program for school-aged children in the Eau Claire School District. Linda was an incredible resource who connected us with Chippewa Valley Technical College's Dental Program Director and his assistant. Together, with assistance from Meredith Wolf, Coordinator for the Center for Health and Aging Services Excellence (CHASE) and Dr. Douglas Olson, Associate Professor of Public Health Professions at UW-Eau Claire, we worked to lay out the plans, timeline and objectives for putting the dental project together. From there, we scheduled a meeting to get all of the administrators from each participating facility together in one room to discuss the obstacles of dental care for senior citizens and to present the idea of this collaborative dental program. At this meeting, the proposal was presented and it was accepted by each facility.

The first step was to inform the residents and their families about the plans for this project, which would include a dental screening of all residents on medical assistance. A letter was written and mailed out, along with a consent form, before the initial screening could be conducted to determine a baseline of care needs for the residents. Once the forms were signed and returned, screenings were scheduled. The Eau Claire Leader Telegram was present to observe, take photos, and gather information for the article “Money where your Mouth is” (see appendix C).
We also sought grant money from the Eau Claire Area Foundation, attended training sessions and met with the executive director of the Foundation to learn about their grant writing process. In March of 2005, we submitted our first grant to the Eau Claire Area Foundation for our dental health project. Additionally, through CHASE, a computer software program was purchased to record and analyze the data from the dental health screenings. Among other things, this data will be used to provide evidence for the need of oral health care among our targeted group when applying for future grants.

**Outcomes and Recommendations:**

Both authors of this project feel that the nature of the project and the level of interaction with others allowed them to exercise their leadership and communication skills that they would not have gained through other experiences. Both feel that a strong working relationship among all parties was evident which allowed for the success of this project. All of the participants in the collaboration of this project were enthused, eager and passionate about providing dental care to seniors within the participating long-term care facilities. Although future health care administration interns will need to continue this project as additional partnerships are made and grant funds are made available, the initial year of this dental partnership has been a success in terms of obtaining community support and full collaboration of all participants.

**Editor's Note:**

Access to care is a major issue for many Americans. For many seniors living in long term care facilities, adequate access to dental services is a challenge. The lessons learned and
the best dental practices derived from this project will be shared with other health and aging service settings across the country. The collaborative nature of this project, which has solved a major challenge in the Chippewa Valley, can serve as a model for other collaborative community solutions.
Project Title: Dining Assistant Training Program
Student: Sue Xiong
Preceptor: Molly Wengelski
Practicum Site: Beverly Health Rehabilitation Center, Superior, Wisconsin

Introduction:

Cross training is training an employee to do a different part of the organization's work.

Cross training is good for managers, because it provides more flexibility in managing the workforce to get a particular job done. However, done right, cross training is good for employees too. It lets them learn new skills, makes them more valuable, and can combat worker boredom. In the case of a health care facility, cross-training can also bring value to residents.

Project Description:

To enhance the availability of services provided to residents, Beverly Health Rehabilitation Center sought to cross-train non-nursing staff (i.e. laundry, clerical, administrative, and housekeeping staff) to assist residents with their dining experience. Dining assistants supplement the certified nursing assistants as needed when assisting residents who have no feeding complications with the activities of eating and drinking. The objective of the dining assistant program was to provide the proper feeding techniques and skills for all staff to meet the standards for approval from the State of Wisconsin’s Office of Caregiver Quality for the dining assistant training program.
Tasks Involved:

I first began by educating myself about the dining assistant training program by reading materials found under the Department of Health and Family Services' web page. I followed the instructions on the web page (see appendix D) and completed an application. One week after I submitted the application to the state, we received an approval for the dining assistant training program.

I worked with the director of nursing, the staff dietician, social worker, a registered nurse and our speech therapist. I assigned the director of nursing the responsibility of overseeing the training process regarding infection control and responding to emergencies. The role of the registered dietician was to educate trainees on the importance of proper nutrition and hydration. The social worker explained the effectiveness of communication skills and resident rights to the trainees, and the speech therapist taught the trainees the proper techniques and skills when assisting residents with dementia. We then set times for training and communicated the training times so that staff could be available.

With the help of those involved, we were able to train five people (two people from activities, a housekeeping manager, one dietary aide and a clerical staff member). These people are now eligible to assist residents who have no complications with the activities of eating or drinking. In all, the implementation process took about seven months.
Outcomes and Recommendations:
The dining assistant training program is now available at Beverly Health and Rehabilitation Center. It has been a great opportunity for the non-nursing staff members to help make meal times as pleasant as possible for the residents. After I leave, more training will be accomplished so that additional staff members can be trained for the dining assistant program, with the director of nursing being responsible for the overall training process. Overall, the program’s implementation was smooth, and all team members were very receptive to the changes that were made in respect to the program.

Editor’s Note:
With the movement of “culture change” in long term care, cross-training has become increasingly common as facilities try to provide a more comfortable, home-like community feel for their residents. Employees can sometimes be resistant to change, so it is imperative to have a thoughtful plan to approach the change that will maximize buy-in. A competent and well delivered training experience will provide a solid foundation for launching a new program.
Project Title: Employee Drawing for Touch of Class  
Student: Michelle Carter  
Preceptor: Kris Krentz  
Practicum Site: Bethel Home

Introduction:

Touch of Class is an annual fundraiser conducted by the Bethel Foundation. This fundraising event enables Lutheran Homes of Oshkosh to carry out numerous facility enhancements that benefit its residents. Several employees expressed interest in attending Touch of Class but were unable to pay for a ticket to attend the event.

Project Description:

This project will enable one employee and a guest to attend 2005 Touch of Class. Employees will be selected from a drawing in which they are able to purchase tickets for a nominal price. The money raised in the drawing would help cover the cost of the ticket to the event.

Tasks Involved:

In completing this task, I worked with Amy MacKenzie (Marketing Director) and Sandy Paulus (Foundation Director). Together the group decided ticket prices, discussed promotional ideas, and responded to feedback from employees.

Outcomes and Recommendations:

This drawing was moderately successful. The drawing only got responses from seven people in the Lutheran Homes organization. The money that was raised in the drawing
almost covered the cost of tickets, and the person who won the tickets was very pleased that she could attend the event. One of the problems we faced in offering the drawing to employees was that the drawing needed to be done well in advance of the event to accommodate for scheduling. Some of the feedback we heard addressed that point. However, I think if we did have the drawing latter we would have heard the opposite that people did not have enough opportunity to take off. I would recommend that the foundation offer this opportunity next year. The people who did enter seemed very interested in attending and might not otherwise attend if the drawing was not held.

**Editor's Note:**

Encouraging staff participation in development activities presents some interesting challenges. This project is representative of one attempt to bridge this gap resulting in mixed results. This is an area that requires sensitivity and a clear, simple approach.
Project Title: Falling Star  
Student: Jennifer Prock  
Preceptor: Pat Linehan  
Practicum Site: Oakwood Villa Nursing and Rehabilitation Center

**Introduction:**

Falls are the leading cause of death by injury in the United States. Each year, more than one out of every three people over age 65 experience a fall. Falls are the cause of approximately 95% of all hip fractures, and 332,000 yearly hospital admissions. Fortunately, preventive measures can be instituted to reduce the risk of falls and significantly improve quality of life in the elderly. This project highlights one facility’s approach to reducing falls.

**Project Description:**

When looking at the Quality Indicators and then looking at a week of previous statistics, it was identified that there was a problem with falls in the facility. One area that was noticed was that many of the individuals who fell down were repeat “fallers”. What the facility wanted to accomplish was a way for the facility to identify the repeat fallers and help reduce the number of falls within the facility.

**Tasks Involved:**

I first conducted research to identify current best practices in fall risk reduction. I found that individuals with Alzheimer’s or Dementia who repeatedly fall are cued to self-transfer when they see something that they want to do. Most of the individuals within Oakwood Villa who were prone to falling when left alone in their rooms and were in the
process of trying to go to the bathroom, to bed, etc. To help identify these individuals, we put a star on the back of the residents who were at high risk of falling if left alone in their room.

To successfully complete this project, I needed the help of an interdisciplinary team, which involved the Director of Nursing, Activities department, Dietary department, Therapy department, a social worker and the Administrator. We comprised a committee to identify ways to keep residents safe from falling and to be sure that we were using all appropriate interventions to accomplish our goal (see appendix E for Committee Ideas). We developed a program policy plan, implemented it for a trial period, and then modified it as we saw fit. The new policy has now been implemented and the program is still a success.

**Outcomes and Recommendations:**

After implementing the Falling Star program, the incidence of falls was drastically reduced, and the facility went a month without a single person falling down. Since the facility was using agency staff, this program was a great step to help the agency staff know who to keep an extra watchful eye on. However, one area that I should have focused on more in the beginning was educating all staff about the Falling Star program during in-service. To correct this problem, I sent out a copy of the new program policy with staff paychecks, included information about the program in the communication book, and did mini in-services to inform all employees about Falling Star.
**Editor’s Note:**

After many years of a positive effort of restraint reduction in the field, the necessity to emphasize approaches to minimize injury due to falls is an important need of organizations. This program is one example of strategy utilizing a simple, visible cueing program to alert staff of persons at potential risk.
Project Title: Identifying Medical Supply Vendors & Conducting a Cost/Benefit Analysis  
Student: Matt Mauthe  
Preceptor: Bonnie Zabel  
Practicum Site: Marquardt Memorial Manor  

Introduction:  
As the cost of medical supplies continues to increase, it is important for health care facilities to make informed decisions about which vendor(s) to contract with. A cost/benefit analysis is a beneficial tool for deciding whether or not to change vendors. A cost benefit analysis is done to determine how well, or not well, a potential plan will turn out. Although a cost benefit analysis can be used for almost anything, it is most commonly used for financial questions. Since a cost benefit analysis relies on the addition of positive factors and the subtraction of negative ones to determine a net result, it is also known as “running the numbers”.

Project Description:  
Marquardt Manor wanted to determine whether or not they could obtain more favorable prices and better quality products and service from vendors that they didn’t currently utilize. The desired outcome was to identify vendors capable and willing to provide Marquardt Manor with medical supplies, determine the philosophy that medical supply vendors used in setting prices, gain an understanding of how purchasing groups operate, obtain quotes on medical supplies, evaluate quality of products and service and provide the facility with any other relevant information to aid Marquardt Manor in making an informed decision about which vendors would be most beneficial for the organization to utilize.
Tasks Involved:

To begin, I researched the vendor selection process on the internet and met with the administrator to discuss ways to approach this project, outline reasonable objectives, and identify information the organization hoped to gain. I then identified the vendors that Marquardt Manor currently used and obtained a list of all medical supplies purchased through vendors. I worked with the administrator to select various products that were to be given to vendors to price out. Then, I identified potential vendors and purchasing groups with whom to buy medical supplies from.

Together, the executive director and I met with representatives from vendor groups that I had selected. After receiving prices from the vendors, I created a spreadsheet (see appendix F) to track and record the information that I would need to complete a cost/benefit analysis. I found that I needed to take the quoted price and break it down into individual units because each vendor packages their supplies differently. This gave me a unit price for each product which made comparison efforts much easier. From there, I highlighted the lowest price for each medical supply to see which vendor had the best price.

Outcomes and Recommendations:

Once I began to meet with and contact various vendors, I found that some of the vendors' prices could change from day to day. I also received a tremendous volume of phone calls from vendors who were following up on our initial meetings. Eventually, I was able to
provide valuable information to the organization regarding the vendor selection process, purchasing groups, and pricing structure of medical supplies. Due to the fact that some of the vendors’ prices were subject to rapid change, we determined that we could not work those vendors. However, the information that I obtained aided the organization in making decisions about which vendors to work with in the future, and provided an educational opportunity to gain insight into the vendor selection process. This project was successful in identifying various concerns that needed attention, as well as the need to thoroughly research potential vendors to ensure that they are reputable.

**Editor’s Note:**

Ongoing financial challenges and increasing service expectations force health and aging service organizations to thoughtfully consider their vendor relationships. Administration has a stewardship obligation to approach this evaluative process in a fair and well researched manner, and to also consider a broader scope of criteria.
Project Title: Information Packet/Success Story
Student: Deidra Peterlik
Preceptor: Amanda Saathoff
Practicum Site: Kinnic Long Term Care

Introduction:
Marketing is critical to the success of any organization, including a long-term care facility. This is especially true due to increased consumer awareness and the expansion of a variety of products and services dependent on private resources. Skilled nursing facilities are required to compete not just against other nursing facilities, but sometimes also against assisted living facilities, home health agencies, continuing care retirement communities, and many other providers. All of these providers are trying to lure the same consumers, and often it is the organization that is able to most effectively market its services that becomes the most successful.

Project Description:
Kinnic Long Term Care began to investigate ways to improve the census within the facility. While reviewing Kinnic Long Term Care’s marketing plan with my preceptor and the director of marketing for Heyde Health Systems, we were able to identify areas that needed improvement. We decided that developing an information packet would be both beneficial for the facility, and through the packet we would be able to share valuable information about the facility with our referral sources and potential customers.
**Tasks Involved:**

In addition to creating an information packet that would highlight the facility's many services, it was also discovered that our advertisement within the community should be increased. Advertising in newspapers would reach a large audience, and it would be a powerful marketing tool to increase our presence within the community. Both of these marketing efforts would potentially increase our referrals and admission to the facility and represent our facility as a leader in long-term care.

I worked with the administrator and the director of marketing for Heyde Health Systems to put together a packet that would be beneficial to potential customers. The packet included pictures of our facility within a brochure, a nursing home checklist, a welcome letter, information about the admission procedure, a service schedule, an activities calendar, a sample menu, and some general information about Medicare and Medicaid. I also worked to increase advertisements within the local community by contacting the local newspaper and running ads that highlighted a success story within our facility (*see appendix G*). Essentially, the ad was a testimonial from an individual who came to Kinnic Long Term Care for rehabilitation and was able to successfully return home. Our goal is to place one of these success stories in the River Falls Journal on a quarterly basis.

**Outcomes and Recommendations:**

I plan to seek feedback from our referral sources and others in the community to determine if this marketing approach has been a success. However, I believe that the information packet is a valuable resource to potential customers based on the feedback
that I have received from our social worker. Within the facility, I received tremendous support and appreciation for completing the information packet.

**Editor's Note:**

As the health and aging services market continues to diversify, competition for desirable consumers has been increasing. Maintaining positive public relations with approaches like those described in this project can be smart marketing strategies.
Project Title: Marketing Plan
Student: Deanna Richardson
Practicum Site: The Clairemont Nursing & Rehabilitation
Preceptor: Mark Walker

Introduction:
Marketing is defined as “the process of planning and executing the conception, pricing, promotion, and distribution of ideas, goods, and services to create exchanged that satisfy individual and organizational objectives” (American Marketing Association). The purpose of marketing for a health care organization is to build a profitable business and to establish a platform for future success, and marketing plans are instrumental toward achieving this goal.

Project Description:
The Clairemont was undergoing a change in ownership, and it became clear that the facility would need a new marketing plan as a result. Since there would now be room in the facility’s budget to put together and implement a marketing plan, it was decided that marketing the Clairemont would enhance its strength within the community and with its competition. Ultimately, the main goal of this marketing plan would be to improve census at the Clairemont.

Tasks Involved:
I began by meeting with the regional director of marketing, and from there we formed a marketing committee that was comprised of the Clairemont’s administrator and marketing director, and individuals from nursing, therapy, activities, social work, and
housekeeping. I knew that developing a marketing committee would help to facilitate the positive results that this new marketing plan could bring. After holding monthly marketing meetings to discuss the new marketing plan (see appendix H for excerpt from marketing plan), we devised a plan that would result in the goal of maintaining a Medicare census of 20% within the facility. The new marketing plan incorporated increased community outreach and other aspects of external communication. Additionally, the plan also took into consideration improved communication internally within the facility (with employee appreciation programs and internal newsletters, for example). Different staff members were assigned specific marketing initiatives to complete, and deadlines were set and adhered to.

Outcomes and Recommendations:

The goals of the marketing program will have positive results for both employees and residents within the facility. The new marketing plan is currently being implemented, and we are already seeing the positive results and receiving positive feedback regarding our efforts. I recommend that management continue to recognize individuals for their hard work on the project and continue to delegate responsibilities and set deadlines for actions to be completed.

Editor’s Note:

The development and implementation of a sound marketing plan is a necessity for health and aging service organizations today, especially considering the increased options for consumers. A well rounded and sustainable approach is important to consider as an
organization assembles their plan. Employee participation and recognition are also keys to success.
Project Title: Health Care Management MetaStar Climate Study  
Student: Holly Kaiser  
Preceptor: Terry LaMantia  
Practicum Site: Colonial Manor

Introduction:
Organizational culture comprises the attitudes, values, beliefs, norms and customs of an organization. Organizational culture is not simple to describe or measure because it is like the “personality” of an organization. The concept of culture is particularly important when attempting to manage change. Organizational change must include not only changing structures and processes, but also changing the corporate culture as well.

Project Description:
Colonial Manor was selected by MetaStar, Wisconsin’s Quality Improvement Organization, to participate in a study about cultural climate. As a participant in the study, the facility would become more aware of the employees’ needs and be empowered with tools to improve cultural climate within the organization. In terms of cultural climate, turnover rates and employee attitudes were of great interest to study. Since climate dictates the overall “feel” of an organization, it was important to analyze staff perceptions of the organization because of the impression that it could leave on residents and the quality of care that is provided to them.

Tasks Involved:
In order to address the needs of the employees in every department and at every service level, a Colonial Manor MetaStar team was formed. In addition to me, the team included
the administrator and executive director, the director and assistant director of nursing, the
recreational therapy aide and a registered nurse. This project also included Diane Peters
of MetaStar and the rest of the MetaStar team.

Initially, a survey was administered to employees to rate their overall satisfaction with
Colonial Manor’s workplace atmosphere. Also, turnover was analyzed. Following these
surveys new programs such as the Eden Alternative were implemented in the facility to
boost morale and improve resident service. Then, a follow-up survey was planned to
measure the increase or decrease in employee satisfaction. The turnover ratio will also be
examined at this time.

**Outcomes and Recommendations:**

The facility has plans to conduct another survey organizational climate, will continue to
monitor retention among employees, and is expecting to see improved results. It appears
as if Colonial Manor will achieve this goal and that will aide in providing high quality
care to residents and an enhanced work environment for staff. I recommend that Colonial
Manor continue to explore best practices as they relate to climate and internal customer
service. Additionally, keeping the line of communication open within the facility and
continuing to hold staff meetings will be vital to the program’s success.

**Editor’s Note:**

The synergy between an improved organizational culture and employee satisfaction is
clearly a positive connection worth leveraging. A consistent focus and ongoing
measurement are important factors that will contribute to the ultimate success of this journey.
Project Title: Medicare Certification
Student: Erin Ziech
Preceptor: Rod Copple
Practicum Site: Green Hills Retirement Community

**Introduction:**

Many long term care organizations welcome individuals who are approved for Medicare coverage to help balance their census. It is a marketing advantage to be able to provide a seamless continuum of care, as well as a way to expose non-residents to the quality services of your organization.

**Project Description:**

Green Hills Health Care Center relied completely on private pay residents. Since the average census was less than the total number of beds available, the health care center wanted to increase census and strengthen their marketing approach by certifying health center beds to utilize Medicare benefits.

It was determined that becoming Medicare certified would allow a resident to remain at Green Hills while receiving skilled care. Also, accepting another payer source and extending our services would increase occupancy levels. As a result, this increase in census would increase the health care center’s financial health. In terms of marketing, the results of a previous focus group indicated that the community at large had a misunderstanding that Green Hills did not take out-side admissions. Accepting another payer source could potentially eliminate the stigma of only accepting current Green Hills’ residents while also addressing the confusion concerning our competition offering skilled
services. Both of these factors would allow the public to differentiate us from our competitors.

**Tasks Involved:**

A previous financial analysis was done to determine the impact of becoming Medicare certified; however, the financial analysis results were not strong enough to persuade the board of directors to proceed with further investigation at the time. Now, two years later, we decided to revisit certification with a main focus of filling our health care center’s beds.

Using rationale and data compiled from the previous analysis, we investigated the financial strengths and weaknesses of six neighboring health care facilities to analyze the data for variances in Medicare utilization over the two year period (we found that there was an increase in these utilization rates, leading us to believe that the demand existed for Medicare utilization.) We also took into consideration the increase in expenses in regard to staff changes, additional training and possible physical alterations of the building.

With the assistance of the executive director at Life Care Services, I researched, entered data and presented the material. We also used employees at Life Care Services’ corporate office to review our findings and add credibility to our assumptions. Lastly, we connected with our IT software provider to give us an estimate on the upfront and continuous training and support that would be needed if we became certified.
Ultimately, the board of directors' involvement was needed to support the continuation and future investigation of certification, but we also discussed the certification need with the finance committee and advisory committee. Once the potential financial gain was revealed for becoming Medicare certified, I presented the findings to the advisory committee. Next, I presented the findings to the board of directors (see appendix I) who then approved a continuation into the Medicare certification process. My next step was to contact the DIA and the Fire Marshall to address any life safety issues. From there, I used a budget from another Life Care Services facility to determine out need for additional staff, training, and consultation. I then created a budget incorporating all projected expenses.

**Outcomes and Recommendations:**

At the time being, we are waiting to receive word from the Fire Marshall regarding compliancy of life safety codes. Becoming Medicare certified will lessen stigmas, appeal to outside residents and community members, maintain current residents and be an asset for Green Hills. All of this will also contribute positively to the census of the facility. Furthermore, residents are looking for the security of knowing that health care is there when they need it.

In terms of recommendations, there is a lot of down time during the waiting period for a reply from the State and Fire Marshall. I suggest this time be used to familiarize staff with Medicare education, since a lot of training will need to take place once Green Hills certifies its beds. Introducing staff to the idea, concepts, and processes incorporated with
Medicare will allow for an easier transition when the time comes. The more knowledge and initial training the staff is equipped with, the more confidence and support employees will have during the implementation process.

**Editor’s Note:**

This project demonstrates a revenue enhancement strategy that will result in increased quality to current residents by providing greater continuity of care. It will also serve the facility well in terms of attracting future residents as they are able to capitalize on their improved community relations.
Project Title: Outpatient Wellness Program  
Student: Kacey Johansen  
Preceptor: Matthew Kern  
Practicum Site: Greeley Healthcare Center

**Introduction:**

Enriching the quality and quantity of services provided within a nursing facility is an excellent approach to enhancing organizational atmosphere, and in this case, bridging a facility within a community. For Greeley Healthcare Center in Stillwater, Minnesota, this meant investigating the costs and benefits of implementing an outpatient wellness program to the mix of services already provided. This project highlights an example of Greeley Healthcare Center’s dedication to bring enhanced services to its customers.

**Project Description:**

In order to allow aging community members an opportunity to come to the facility and work toward maintaining and improving their current physical health, Greeley Healthcare Center examined implementing a program called “Freedom through Functionality Wellness Program.” The program’s design would allow up to five community members to be able to exercise on one of five different Nautilus weight machines at one time with the assistance of a trained program facilitator. Since strength building in the elderly allows for them to remain more physically healthy and active, I decided to research the feasibility of implementing such a program at Greeley Health Center.
**Tasks Involved:**

I began investigating this program as soon as it was brought to my attention by my preceptor and the therapy manager at Greeley Healthcare Center. I learned that this program had been identified as a best practice through Aegis Therapies (a Beverly Healthcare subsidiary) and had been studied at the John Knoxville Healthcare Center. I worked with my preceptor, the therapy manager, and the Aegis District Manager to research the different scopes within the program. I was even guided toward some marketing tools for the program, which included a press release announcing the program (*see attachment J*). In the end, I was able to create a guide to implementation of the Outpatient Wellness Program within the facility; this included a marketing plan, pricing structure for therapies, and a cost/benefit analysis.

**Outcomes and Recommendations:**

There are numerous benefits of such a program, including improved services within the facility. Additionally, it would be an excellent venture to improve public relations within the community. However, there would be costs to implementing a program such as this. From an administrative perspective, there would be the cost of additional staff (program facilitator) and the initial cost of the Nautilus center. I believe in this program, and I believe in the benefits that it could bring to the facility and to the community. At this point, the facility must determine if there is room in the budget to hire a program facilitator. Overall, this project has been an important first step toward investigating the potential for an outpatient wellness program within Greeley Health Center.
Editor's Note:

As wellness becomes more important in our society, a focus on community wellness strategies may become part of an organization's strategic efforts that will ultimately impact their marketing plan. A reputation affiliated with prevention promotes positive public relations, which is significant in this time of change within the industry.
Introduction:

Through the years, many have emphasized the importance of delivering exceptional quality service and setting exceptional quality standards within an organization. Many organizations strive to achieve measures of quality. This project highlights the quality journey taken by Continental Manor in Abbotsford, Wisconsin.

Project Description:

In 2002, Continental Manor achieved the Quality Award Step I from the American Health Care Association. The next step was to prepare the Step II application to continue our journey toward “demonstrating the ability to implement systematic approaches and deployment with superior results” (see appendix K for Quality Award brochure). This application includes eleven core principles, and encompasses concepts from the Malcolm Baldridge National Quality Award program. By achieving this recognition, we would be able to apply for the Step III award (the ultimate award) and show our success at delivering quality.

Tasks Involved:

I began by reviewing information from the previous year’s application for the Step II award. Within it, we had received feedback regarding what our strengths and weaknesses were in each section of the application. I knew that we would need to involve many
associates by giving them questions that were presented in the application in order to gain their feedback. We would also need to be in contact with our various consultants, attend meetings for writing the Quality Award, meet the deadlines that were set for us, work many long hours to write the application, understand how we would depict the information that we would provide, and delineate our systems to communicate how we implement them.

We collaborated and held meetings with other Beverly Healthcare facilities that were applying for any of the Step I, II or III awards. We were able to rely on each other to answer questions and to give each other assistance. We then sent our application out to consultants who could review it and give us objective suggestions for improvement. In addition to working with other Beverly Healthcare facilities and consultants, we also enlisted the assistance of the department managers, staff, Dr. Douglas Olson of the health care administration program at UW-Eau Claire, the Director of Operations and the Vice President of Beverly Healthcare. We worked to schedule specific meeting times to work on the application, and set and met deadlines for accomplishing the criteria of the application. Once completed, we submitted the application to the American Health Care Association and waited for a response.

**Outcomes and Recommendations:**

That spring we received a phone call from the American Health Care Association congratulating the facility on winning the Quality Step II Award! We would not have been successful without the assistance of our associates, consultants, administration, and
everyone who worked with us to accomplish our goal. Our success was also a result of setting deadlines that did not allow time for procrastination. We were fortunate that there were not any barriers to our success—although I could see how time could be a barrier for other organizations who did not receive the award. I firmly believe that a time frame of at least a year should be planned for when preparing for and writing an application such as this one.

I believe that winning this award will help to bring more people into the facility. Not only will it bring more residents into the facility, but also families, community members and volunteers will come to the facility because they will know that we strive to make the facility the best that it can be. It also means that individuals will expect more out of our facility, so we must continue to improve upon our successes each day.

**Editor’s Note:**

The process of applying for the AHCA step II quality award encourages organizations to consider their quality approaches and systems. The enhanced learning and broader perspective gained by engaging in this pursuit with the management team and the entire organization is worthwhile. A nice by-product may be actually winning the award, which has significant public relations appeal.
Project Title: Recycling  
Student: Kelly Amundsen  
Preceptor: John Huhn  
Practicum Site: Walker Methodist

Introduction:

Not only do organizations often produce large amounts of un-recycled waste paper, but plastic, glass and aluminum products are also generated and often overlooked in recycling efforts. This waste can result in large costs to an organization and has a negative effect on the environment. This project focuses on Walker Methodist’s efforts to reduce expenses through recycling.

Project Description:

Recycling was not being used to the fullest extent at Walker Methodist Health Center, and it was on the “to-do” list to make recycling a priority within the facility. To begin, I established a recycling task force that was comprised of the administrator, human resource generalist, director of plant services, housekeeping, therapy recreation coordinator and the Medicare coordinator. The group met every two weeks for a four month period to establish the recycling program. It was decided that there would be a focus on co-mingled products (plastic, aluminum and glass) to recycle. Paper and other recyclables were already an area of focus, and the goal was to work to continue to promote that area. It was determined that educating employees, utilizing the waste management vendor, establishing a new policy/procedure for recycling, and new container purchasing were the main areas that would be focused on throughout the
process. Through my research, I found that if the recycling program were implemented and used to its fullest potential, the facility could save nearly $13,000 a year.

**Tasks Involved:**

We decided to survey staff about their recycling habits (*appendix L*), and staff were rewarded with candy or a gift certificate when they returned a completed survey. This survey helped get the word out about our recycling efforts. To implement the recycling program, it was determined that the facility needed to order "co-mingled" containers so that plastic, glass and aluminum could all be recycled in one container. As the task force continued to work together on ordering containers, I established a policy and procedure manual for recycling and coordinated my efforts with maintenance who agreed to empty the containers on a regular schedule. I also worked with housekeeping so that they could plan to schedule times to clean the containers. Location maps of the containers were then given to each department, along with a copy of the policies and procedures for the recycling program.

To communicate the new program to staff, I posted flyers throughout the facility, along with information on the new containers that were to be used for recycling. I also distributed free pop to all employees at a Friday paycheck distribution, and I brought along a new recycling container to show them what would be in store. The employees loved the idea of getting a "treat" and they enjoyed seeing that the recycling program was being implemented.
**Outcomes and Recommendations:**

The recycling program has been very successful. The maintenance department even needed to order more large bins for the basement for the pick-up of recyclables. This just goes to show that employees are utilizing the program well and they support the vision of the program. However, some ongoing implications will be to keep educating and reminding staff to recycle. Additionally, the maintenance department will need to continue to be monitored to be sure that containers are being emptied when they are full.

**Editor’s Note:**

In times of challenging reimbursement rates, identifying successful revenue enhancement opportunities is essential. There are ways many facilities could increase their efficiencies and maybe even save or generate revenue. This project reminds us of the importance of examining opportunities across all departments.
Project Title: Reducing Lost Laundry to Improve Quality Services  
Student: Catherine Pappa  
Preceptor: Sandy Bailey  
Practicum Site: Milwaukee Catholic Home

Introduction:
Management and quality professionals agree that 85% of an organization’s problems lie in organizational system failures and not with its employees. In fact, less than 15% of an organization’s problems are within control of its employees. Numerous systems work within an organization of long-term care, and the laundry system is just one of those. This project highlights an approach to reduce the quantity of lost laundry in order to improve the overall quality of care and services provided to residents.

Project Description:
Beyond providing healthcare services, Milwaukee Catholic Homes provides an additional array of services to help its residents live in their new home. Laundry service is just one of those services. When a resident’s laundry is lost and personal items are not returned to the resident, the facility doesn’t feel like home. The goal of this project aimed at redesigning the current laundry system to eliminate lost laundry and to improve the quality of care and services that the facility provides to our residents.

Tasks Involved:
I began by investigating the laundry system in order to discover the different ways that a resident’s clothing is lost. When a resident is admitted, it generally takes one or two days before the laundry assistants go to a resident’s room to label their clothes. Any clothing
worn between the time that a resident arrives and the time the laundry assistant arrives to pick up their clothing are to be placed in a clear bag labeled with a pink sticker identifying the resident’s name and room number. Often, nursing assistants are rushed and they forget about the new resident’s clothing, and place the worn clothing, unlabeled, in the general laundry. Therefore, I was able to determine that getting all of the residents’ clothing labeled before it was thrown in with the general laundry was the largest problem within the laundry system at Milwaukee Catholic Home.

I began to research creative ways to organize and improve the laundry system. However, I found that I could not do this alone. I knew that I would need the assistance from the people who work with the residents and their clothing. I then formed a communication team of CNA coordinators, laundry assistants, the director of environmental services, and the admissions director. Together, we derived a plan for reducing lost laundry (see appendix M for Step-by-Step Solutions). Specifically, we worked to alleviate the problem of lost clothing between the time that a new resident arrived to the facility and the time when our laundry assistants could get the clothing labeled, since this was the greatest gap in the process. Within the plan, housekeeping would as usual clean a resident’s room after discharge. At that time, they would place a new white hamper in the room with clear white bags inside. The bags would be identified with a pink sticker indicating whose clothing was contained inside (based on their room number). This would be done until all of the resident’s clothing was labeled.
Outcomes and Recommendations:

The communication team was a best practice used in this project. Without the team I would never have received input and ideas to make the improvements that we made. It is always important to bring individuals together and include everyone involved when making changes to a system that involves several departments. As a result, the participating staff was more cooperative when it came to implementing the changes within the laundry system. Since this program has been implemented, the rate of lost laundry has been drastically reduced.

Editor’s Note:

The aggravating issue of lost personal laundry has been an ongoing challenge in long-term care facilities. Any efforts to reduce the frequency of lost articles of clothing are worthwhile, and should positively impact perception of service. This project has some very practical applications for health and aging service organizations wanting to improve their service in this area.
Project Title: Resident Rights In-Service  
Student: Heather Stark  
Practicum Site: Lodi Good Samaritan  
Preceptor: Terry McGinnity

Introduction:

Nursing home residents have patient rights and certain protections under the law. Resident rights usually include aspects of respect, services and fees, money, privacy and medical care. This project highlights a resident rights in-service training at Lodi Good Samaritan.

Project Description:

Originally, I invited an outside consultant from Good Samaritan’s central office to speak on resident rights at our November in-service. When the consultant contacted me prior to the event to say that he would not be able to make the visit, I decided that conducting an in-service on resident rights would be a good project for me to take on. From that point on, I was responsible for creating and delivering an in-service on the topic of resident rights.

Tasks Involved:

My first task was to do some digging to find out what issues had been addressed during previous resident rights in-services in the previous years. After much digging, I decided to first use a “scenario approach” with the staff (see appendix N). I chose to read a scenario to allow the staff to identify which resident right had been violated. I also chose to have the staff watch a short 15-minute video entitled “Empowered Living: A Guide to
Resident Rights" which discussed resident rights and gave examples of those rights. Specifically, the video discussed the many different resident rights and emphasized abuse, neglect, involuntary seclusion, and misappropriation of patient property. I took the video’s lead and followed up with technical definitions from the federal regulations and gave some examples of each right. Lastly, I concluded the in-service with the reporting procedures that are in place at the Lodi Good Samaritan Center and emphasized the role that each staff member should play in the reporting process.

**Outcomes and Recommendations:**

I felt that the in-service went very well, and it was good experience in public speaking. Also, the in-service made an impact on the staff about how important resident’s rights are and how those rights are to be respected. After the in-service, many of the staff members commented that they found the technical definitions to be very helpful in their understanding of resident rights. Staff also liked using scenarios because it allowed for them to put resident rights issues in perspective. However, I would recommend that future in-services on resident rights be made as interactive as possible. Also, continued use of examples to explain the topic will allow for staff to put the information into context.

**Editor’s Note:**

Those who work in a health care organization know there is a need for ongoing continuing education and training of employees. Because these required trainings may be review for some employees, it requires the presenter to engage their learners that much
more. Presentations that are fast-paced enough to stay interesting, with opportunities for audience participation, generally are well-received by audiences.
Project Title: Staffing Software Project
Student: Julie LaFlamme
Preceptor: Denise Juday Barnett
Practicum Site: St. Therese Home

Introduction:
Employees of a healthcare organization comprise an important resource. According to Charles Austin and Stuart Boxerman, most organizations spend 60 to 70 percent of their operating budget on employee salaries and benefits (Information Systems for Healthcare Management, 2003). Therefore, a good human resources information system is essential to assist administration and human resources personnel in planning, staffing and productivity analysis.

Project Description:
It was determined that a new staffing software system was needed at St. Therese Home in order to provide greater efficiency in terms of staffing and scheduling of the facility’s nursing staff. St. Therese Home employs over 300 nursing staff, and the current system for staffing was done in hand by one person. Needless to say, the process was time-consuming and inefficient by today’s standards. In order to save time, reduce errors, and be more proficient and effective, the facility decided to implement a new method to staff the nursing department and also keep track of the budget by using a computer software system.
Tasks Involved:
The facility decided to implement software from Intelllicost Enterprises, a company founded by Lawrence Aronime, a professor from Johns Hopkins University. In order to save time and money, the system was implemented by training sessions that were conducted over the phone through Intelllicost Enterprises. In addition, the human resources generalist, Director of Nursing, and Information Technology staff took part in arranging meetings, training sessions, and entering data into the new system.

Outcomes and Recommendations:
Overall, this project was a huge success. It saved the facility, particularly the scheduling department, a huge amount of time and labor. The few obstacles that the facility encountered were mostly due to the telephone training sessions that took place instead of face-to-face training. Additionally, trying to arrange a time for the training sessions to be held was difficult due to the fact that Intelllicost Enterprises is located on the East Coast and some of St. Therese Home’s employees worked quite opposite shifts. Nonetheless, the entire team at St. Therese Home welcomed the implementation of this new computer staffing software program and had the same vision and goals for the future use of the program.

Editor’s Note:
Traditionally, long term care facilities have lagged behind their acute care peers when it comes to the infusion of technology across systems. It is imperative that facilities are thoughtful and well-researched when making large information technology purchases, as
the efficiency and savings it brings can be quite significant. One area that has a growing number of vendors includes human resource information system applications. These are worth investigating based on the significant investment in labor management.
Project Title: Survey Wisdom Awareness and Training (S.W.A.T.)
Student: Jake Steivang
Practicum Site: Lakeside Health
Preceptor: Deb Boyd

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 anxieties associated with these evaluations, and improve the current level of service within an organization.

Project Description:
This project’s goals were two-fold. First, it aimed at improving survey results within the facility by providing staff with training to feel prepared when surveyors entered Lakeside Health. Another goal was to boost employee morale by informing employees about the survey process in order to provide the best quality care to residents. Because of a poor survey history, the employees were feeling nervous when surveyors entered the facility and they were unsure about the surveyors’ true purpose for being in the building. As a result, poor staff attitudes developed, and teamwork began to dissolve. In order to reverse these attitudes, it was determined that everyone needed to be informed about the surveyors’ purpose. Hence, the S.W.A.T. team (Survey Wisdom Awareness and Training) was formed to provide ongoing awareness, support, guidance, monitoring and feedback about the survey and regulatory compliance process in order to improve staff confidence and preparedness and to improve quality of care. The team’s goal was to
provide ongoing support to all Lakeside staff and to be a communication vehicle for sharing information and seeking feedback from other staff.

**Tasks Involved:**
The creation of the S.W.A.T. team required an interdisciplinary approach since everyone in the facility is affected by surveyors. An initial team consisted of staff from information technology, clinical reimbursement, dietary, housekeeping, education, administration, nursing and quality management. The S.W.A.T. team provided training on the survey process and quality indicators, which included a checklist *(see attachment O)*. Additionally, the team provided training at all staff meetings, tracked survey trends, provided monitoring and feedback (this included a mock survey) and identified a survey liaison for each unit. The team met weekly for the first month, twice a month for the following 60 days and then monthly thereafter.

**Outcomes and Recommendations:**
The S.W.A.T. team ran into difficulties when it came to encouraging staff to embrace the new philosophy/mind set of the program. Additionally, state surveys led some changes in the S.W.A.T. process. For example, the audit tool that was used by the S.W.A.T. team was more focused on what the surveyors actually found. It was easier to audit these areas because people knew what was right and what was wrong. Additionally, the amount of people involved in the project became only a select few because the entire facility needed to be focusing more heavily on direct care issues. However, the overall concept of the
S.W.A.T. team and its process took hold. Rounds continued to be conducted to look for survey-related issues and other care and environmental issues in the facility.

Editor’s Note:
Systematic approaches to monitor care and service are necessary in today’s health and aging services organizations. The regulatory survey process and results are one area that requires attention considering the current approaches utilized by state and federal government agencies. Internal organizational efforts to monitor and improve services provide some of the greatest promise for results.
Project Title: Turnover and Retention Study  
Student: Mike Wenzel  
Practicum Site: University Good Samaritan Center  
& Stillwater Good Samaritan Center  
Preceptor: Sharon St. Mary

Introduction:
In the State of Minnesota, reimbursement rates are now directly linked to several variables. Among other variables, employee turnover and retention are part of a formula used by the state to determine the level of reimbursement that a health care facility will receive. Therefore, it is imperative that a facility closely monitor its turnover and retention rates.

Project Description:
This project focused on gathering and organizing empirical data regarding employee turnover and retention for the time period of January 1, 2004 through November 23, 2005. The ultimate goal of this project was to find patterns in the data that will explain what, when, where, why and how employees are leaving the facility. Once these patterns are discovered, the facility can address the underlying issues in an attempt to improve turnover and retention rates.

Tasks Involved:
I began by running a report from the computer that listed all the employees who have either voluntarily or involuntarily terminated their employment from January 1, 2004 to November 23, 2005. I decided to focus on the dietary and nursing departments because they comprise the majority of the facility's staff and because it was evident that these
areas were where the most turnover occurred. The report that I ran included the name and number of the employee, as well as the job code, hire and termination date, and reason(s) for termination. While the report offered a wealth of information, it wasn’t organized into a useable format.

My next task was to decide a way to organize the information that I had to look for any patterns. Since the dietary and nursing department would each have their own set of unique circumstances, I decided to look at these departments separately. I used seven distinct variables for each department, including: days worked, job code, reason for termination, voluntary termination, involuntary termination, shift and unit. Each of these seven variables was assigned to four categories: 2004 dietary, 2005 year-to-date dietary, 2004 nursing and 2005 year-to-date nursing.

Once the four categories and their correlating variables had been determined, the next step was to develop Excel spreadsheet pages for the project, and to decide on the types of cross-references we wanted to use. We chose to cross-reference voluntary/involuntary terminations, job code/reason, days worked/job code and shift/unit. This meant creating thirty separate worksheets for the cross-referencing process.

**Outcomes and Recommendations:**

The project’s biggest shortfall is that it only looks at the “hard” data. There is no consideration for information that can’t be found in charts. To overcome this, it is important that a study is conducted to find more information. For example, if an
employee voluntarily terminates his/her position, we need to find out what those reasons were. This type of information gathering will help the facility to determine if our screening efforts are amiss, or if there is something in the work environment that is driving them away. Therefore, it will be crucial to work with human resources to improve our exit interview system. Then, if we are able to uncover a problem in the work environment, we must be willing to confront it.

**Editor's Note:**

The costs of employee turnover can be very high, both from a cost perspective (money that must be spent on advertising, recruitment, hiring, orientation, and training) and a quality perspective as it disrupts patients' continuity of care. Turnover, especially of front line staff, is an ongoing problem for some health and aging service organizations. If thoughtful systems for Human Resources can be established, including hiring the right person for the job from the start, it can benefit the organization in a myriad of ways.
Project Title: Wellness Leadership Project  
Student: Brandi Kollmansberger  
Preceptor: Teresa Mosoti  
Practicum Site: Presbyterian Homes & Services (Arden Hills)

Introduction:
Wellness programs are defined as programs designed to maintain or improve employee health before problems arise. Research has proven that organizations with structured wellness initiatives can positively influence the health of their employees. Employee wellness programs have long been advocated as a way to decrease healthcare costs, reduce absenteeism, and increase productivity. From a management perspective, wellness programs have the potential to decrease absenteeism, reduce medical claims costs, and improve employee productivity, recruitment, and retention.

Project Description:
Presbyterian Homes & Services is committed to wellness and improved health as a priority to residents and employees. It is the organization’s goal to bring awareness and education about behavior change to employees regarding their health and wellness. In order to engage employees about healthy behaviors, “Wellness Wednesdays” were introduced. For example, “Wednesday walk with your boss” was one of the rotating themes each week.

Tasks Involved:
An Employee Wellness Charter Team was currently in place, which was comprised of several site leaders who held an interest in wellness. The team developed a mission
statement and core values for the development of the Employee Wellness Program. At the weekly meeting each Wednesday, a new theme for the week was announced. Juice bars and healthy snacks were made available to encourage healthy eating, and different topic ideas were communicated to help employees incorporate wellness into their lives. Additionally, Presbyterian Homes & Services decided to participate in the “Shape up Challenge” with Medica, the contracted health benefits provider. The “Shape up Challenge” created a friendly, exercise-based six-week challenge for all employees to participate in to work toward healthier lifestyles. With the wellness initiative gaining attention, other sites were encouraged to coordinate wellness fairs. Display boards were created to be displayed during the health fairs at the various Presbyterian Homes & Services sites (see appendix P for photos).

**Outcomes and Recommendations:**

The wellness project was measured on the basis of 30% participation based on an employee survey that was administered. Over 50% participated in the “Shape up Challenge” with Medica. Furthermore, this project was the kick-off for other future events. A “Wellness Wednesday” monthly salad bar for employees will be hosted in the future, and the facility is preparing to receive exercise equipment to create their own wellness center for employees and residents to use.

**Editor’s Note:**

Healthier employees show up for work and can save companies significant money when it comes to health insurance claims and premiums. With rising health costs, employers
are well-served to emphasize a culture of health throughout their organizations. This project has a broad application for any health and aging service organization, which all have a significant investment in labor costs.
Reminder:
All House CARES Event

The event includes:
CARES Skit, Name that Baby,
Food, Beverage, Music, and Prizes.

Date: October 20, 2005
Time: 2:00 p.m.

This is a casual day!!
Administrative Intern Improves Employee Communication!

For her fourth and final leadership project, Health Care Administration student Amy King revolutionized employee communication at Clement Manor, Inc. through a new communication vehicle called ClemenTimes. The ClemenTimes is a monthly newsletter distributed to each employee in their paycheck envelope.

The newsletter was created during Amy’s tenure as administrative intern at the Clement Manor nursing home and retirement community in Greenfield, WI. Amy will graduate this August with a Bachelor of Science Degree in Health Care Administration from the University of Wisconsin-Eau Claire, after completing the year-long practicum program. (More on the ClemenTimes inside).

(Left) ClemenTimes Editor-in-Chief Amy King sits with Human Resources Director Mark Dombeck to plan articles for this month’s issue.
ClemenTimes: A Brief History

Every two years, Clement Manor employees complete a Mission and Values survey, distributed by the Benedictine Health System, to measure their satisfaction with their work and the facility. According to Mark Dombeck, Human Resources Director, employee communication is an area that consistently shows up on employee satisfaction surveys as one needing improvement. This year was no exception.

Frustrated by previous attempts to create and maintain a regular newsletter that would both satisfy employee needs for communication and be enjoyable to read, Human Resources Director Mark Dombeck turned to Amy King to create a more sustainable publication that would keep employees informed and satisfied with workplace communication. The ClemenTimes was the result.

To help enhance communication, Amy’s proposed leadership project was to create a new employee newsletter in a fun format that people would be motivated to read.

Work began by asking all current practicum students to submit their own facility’s newsletters. From those who responded, Amy took ideas and adapted them to meet Clement Manor’s employee communication needs. She worked closely with Mark Dombeck to determine the best format for the new publication.

Previous versions of the newsletter were lengthy and full of “fluff.” They were boring and not fun to read. Trying to convince employees to contribute enough articles to fill the newsletter was like pulling teeth, so the newsletter was often late and filled in by using large font and graphics.

In response, the ClemenTimes was developed in (continued pg. 3)

Spotlight on Quality:
Feedback

Due to the fact that the newsletter was ultimately a publication for the employees, it was important that their opinions be included in the quality improvement cycle. A brief survey was included in the paycheck envelope of all employees, requesting their feedback and suggestions for improvement. (see attached). These responses were then used to update future editions of ClemenTimes. Editor-in-Chief Amy King also met with numerous employees in more casual settings to obtain feedback. From the input, changes such as increasing font and including more pictures were added.

Finally, Amy solicited input from the executive team at their bi-weekly meeting in order to gain a management-level perspective on the newsletter and ensure that a satisfactory amount of information was being reported in an appropriate and successful manner.

Teamwork Makes it All Possible

The creation of this project took the collaboration of several hard-working individuals. First, Human Resources Director Mark Dombeck regularly contributed news articles and supplied input on what would work well to provide the type of news that employees were looking for. Mark also served a key role in proof-reading each issue. HR Coordinator Lori Mielke contributed news, employee birthdays and anniversaries, and important announcements for the newsletter. Various other employees were also called upon to contribute information and articles for the ClemenTimes. All employees were welcomed to contribute news of an upcoming event or program. Also, essentially every employee was involved by soliciting their feedback on how to improve the ClemenTimes. Every month, it was Amy King’s responsibility to coordinate the efforts of these individuals so that they could “roll the presses” before deadline Wednesday, 8 a.m., before payday.
A Brief History (continued from pg. 2)

the format of a brief, eye-catching newsletter. Trimmed to only two pages, space became at a premium and employees were motivated to contribute their news before space "filled up." There is never a loss for articles in the new ClemenTimes.

The ClemenTimes also contains relevant articles, written succinctly and in an easy-to-read fashion to encourage employees to find out the latest facility news.

Why all the effort, you ask? A facility’s employees are also its customers. Employees must be satisfied at work in order to stay at their current job. Consistent, effective and reliable communication contributes to and enhances employee satisfaction. Quality information systems and good communication keep employees “on the same page,” reinforce organizational commitment, and ensure everyone is working toward the same vision and goals.

Higher satisfaction leads to greater retention, thereby reducing the costs of turnover and ultimately creating higher quality care for residents. More consistent staff means continuity and consistency of care, as well as quality of life for residents through relationships that form with their caregivers. A resident who is comfortable with his or her caregivers feels more “at home.”

It was decided that the newsletter be distributed monthly, which was a reasonable timeline to produce the type of articles necessary and provide information in a timely basis. The newsletter would be included in each employee’s monthly paycheck envelope to ensure consistent and facility-wide distribution. Amy worked with the facility payroll specialist, Linda Wissbroeker, to coordinate the monthly newsletter distribution.

Future ClemenTimes

From the project’s outset, Amy King developed the following Statement of Purpose: “To create a sustainable publication that will meet employee information needs by communicating relevant facility happenings and introducing new initiatives on a timely basis and in an interesting and enjoyable format.” In order to ensure that the newsletter truly is sustainable, a plan for its continuation had to be developed.

We decided to keep the process largely the same, transferring chief editorial responsibility to HR staff Mark Dombeek and Lori Mielke. They understand the importance of keeping this communication tool consistent, timely, and relevant. There is also the potential to involve future interns.

Incorporating Our Mission

Amy King
Greenfield- Clement Manor works hard to live by its Mission and Values (Respect, Collaboration, Quality Service) every day. In line with this Mission as well as its constant effort to improve quality, I felt that the ClemenTimes would be another great way to educate our employees about the quality improvement programs that exist within the facility. Therefore, I included an article called “Spotlight on Quality” as a regular feature in each issue. The intent of these articles was to inform and educate, as well as make sure all employees felt they were a part of these efforts and achievements. The Spotlight on Quality was then included in our Step III Quality Award application in a section on leadership and communication.
Appendix B

Leadership Project
HCAD 409

Clement Manor, Inc.

University of Wisconsin-Eau Claire

Leadership Role

My leadership role in this project was to coordinate the efforts of the individuals working to create the newsletter each month. The HR staff, payroll specialist, marketing personnel as well as other contributing staff members worked well together. I motivated them to stay involved and excited about the project. I also took an active role in choosing the articles for the month and writing articles for publication on a regular basis. I created the format based on feedback from our HR Director and others. I also sat as the editor by cutting, pasting, and formatting articles to fit inside each edition. I then proofread the entire newsletter and forwarded it to HR for a second round of editing. Finally, I would “send it to the presses” by printing a master copy, and producing over 300 copies to be folded and stuffed in the paychecks of each employee.

Creating and editing the newsletter was one of my favorite projects during this time at Clement Manor. I enjoyed helping decide which stories, news, and upcoming events to share with everyone and helping keep employees informed. I learned time management skills and organization, stemming from the need to prepare the newsletter each month by our deadline regardless of the other projects and priorities. This required planning ahead around our upcoming schedules. I also learned how to communicate in a new way, and I enhanced my proofreading skills. I had to be aware of the sensitivity of certain information, while learning how to celebrate and communicate our facility successes to the entire organization. It was truly a wonderful experience that required tremendous responsibility and attention to detail. I felt that I had a very high level of engagement in the project in addition to a high degree of ownership and dedication.

Desired Outcome: Achieved

The newsletter achieved its desired outcome of improving employee communication. To measure this we surveyed a sample of 25 employees regarding communication improvement through ClemenTimes (see included). 96% of those surveyed reported an improvement. Another quantitative measure will be employee satisfaction scores from the next Mission and Values survey, although it will be difficult to determine the direct effect that the ClemenTimes has had on employee satisfaction with communication. Overall the project was successful based on executive and staff feedback, both formal and informal (see page 2). The only barrier to success would have been time constraints, but these were unavoidable. As stated earlier, we always planned far enough ahead that the ClemenTimes was put together in plenty of time for distribution each month.

Regarding ongoing implications, it is very easy to let a project like this lose steam in favor of other projects. It will be important to keep the newsletter a priority so that this does not happen. Also, it will be important to add new features or from time to time to keep employees interested.

"Based on initial feedback, employees were largely satisfied with the publication. I hope that the ClemenTimes in some way helped enhance employees' feelings of satisfaction by improving communication, encouraging staff to stay at Clement Manor and continue providing the compassionate care to our residents each day."

-Amy King
Money where the mouth is

An oral screening program aims to improve the health of long-term care residents by landing a grant for their dental needs.

By Susan MacLaughlin
Leader-Telegram staff

Monica Donnellan, a CVTC dental instructor, examined the teeth and gums of Lorraine Larson Friday at Syvers-Lutheran Home. The exam was part of a screening program to check the oral health of residents of long-term care facilities.

"It's not part of the aging process to lose teeth," Bobacek said. "That's a myth. A small percentage of the population is genetically predisposed to tooth loss, says Dr. Mike Lewitzke, CVTC dentist. "You should be able to maintain your teeth forever," he said.

In addition, Kelly said, many long-term care residents do not have money to receive dental care locally and often must travel to find care under medical assistance. This inconvenience sometimes keeps the residents from the dentist's chair for extended periods.

Valley nursing home residents who will participate in oral health screenings performed by three CVTC instructors and assisted by four UW-Eau Claire health care administration students as research for a dental health care grant.

The group's findings eventually will be used by UW-Eau Claire students, who plan to write a grant proposal that will pay for a program to improve the oral health of residents of long-term care facilities. The program likely will pair nursing-home-certified nursing assistants with CVTC dental hygiene students for obvious decay or cavities, oral debris, as food, and the presence of sores or gingivitis.

Oral health problems that turn into serious conditions such as abscesses or sore caused by ill-fitting dentures can leave patients vulnerable to pain, Bobacek said, including diabetes, upper respiratory diseases and cardiovascular diseases.

Some families believe it's normal for older people to lose their teeth as they age, Kelly said.

"It went better than I expected," Donnellan said. "A lot of them have had wonderful memories of their work with patients," said Nora Kelly, administrative intern for Dove Healthcare Nursing & Rehabilitation and a senior health administration student at UW-Eau Claire.

In some cases, Bobacek said, CNAs may not perform complete oral hygiene checks because they are not comfortable working with that area or because they have to care for so many other areas of the patient, she said.

"This is our focus," the said. "For us, there's no problem with going right into the mouth."
Wisconsin's Feeding Assistant Program

For more information about Wisconsin's Feeding Assistant Program, E-mail Caregiver Intake or Cindy Geist at (608) 243-2083.

Also see BQA memo 04-008, "Wisconsin's Feeding Assistant Program Requirements."

Introduction:

On September 26, 2003, the U.S. Centers for Medicare and Medicaid Services (CMS) published the final rule for paid feeding assistants (exit DHFS; PDF).

With this federal rule revision, long term care facilities are now allowed to employ trained individuals to assist residents with eating and drinking.

The Department has established the requirements for Wisconsin's Feeding Assistant Program with the input of the Wisconsin Feeding Assistant Training Program Workgroup, including representatives from:

- For-profit and not-for-profit nursing homes
- Workforce associations
- The Board on Aging and Long Term Care Ombudsman Program
- The Department of Public Instruction
- The Department of Workforce Development
- The Wisconsin Technical College System

Feeding Assistants:

- Feeding Assistant Definition
- Wisconsin Feeding Assistant Training Requirements
- Wisconsin Feeding Assistant Employment Requirements
- Current Single Task Worker Grandparenting Policy
- Caregiver Misconduct Reporting Requirements
- Program Record Retention Requirements

Feeding Assistant Training Programs:

- Standardized Feeding Assistant Curriculum
- Successful Training Program Completion
- Qualified Instructor
- Feeding Assistant Training Program Approval Process
- Approved Feeding Assistant Training Program - Substantial Changes, Annual Report
Appendix D

- Training Program Suspension or Termination and Nurse Aide Training and Competency Evaluation Program (NATCEP) Prohibition
- Appeals of Department Actions

PDF: The free Acrobat Reader® software is needed to view and print portable document format (PDF) files. Learn more.

Last Revised:
Appendix E

Fall Committee Ideas

- More activities at night
- Look at staff efficiency at meal pass times
- Track falls according to different factors
- Stickers on residents at risk for falling
- Getting a portable phone for the nurses station
- Modify the call lights
- Change CNA hours and have them start earlier
- Feed the rosewood room first
- Have bath aids
- Toileting program
- Shut dinning room door after meals on weekends and nights
- Hire feeding assistants
- Daily inspection of beds being locked
- Not returning patients to room after meals until CNA is ready to take care of them
- Verify call lights are in reach
- System for sick calls
- Increase number of alarms on hand
- More meetings on falls
- CNA reports
- More finger foods
- Up staff moral
- Having an area to hang gait belts
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<th>C</th>
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Kinnic Long Term Care
Success Story!

Donna Pace of River Falls was recently a resident at Kinnic Long Term Care where she was admitted under the care of Dr. Steinmetz for rehabilitation following a tibia fracture. Donna received therapy and nursing care to regain her strength and mobility so she could return home. “The staff provided good care and the therapists did an exceptional job,” stated Donna. “It’s like one big family here.”

(715) 426-6000
The Leader in Rehabilitation and Long Term Care
1663 East Division Street
River Falls, WI 54022
Appendix H

Issue: Need to keep secondary market aware of services available without a lot of time involvement

Make sure that tours are done by people who are comfortable touring if possible

Make sure to put as many people as possible on the mailing lists when mailings go out.

When assessing potential admissions, perform sales calls in that area as time permits

Monitor mailing list

Flexible schedule

Issue: Need to make other local agencies aware of the services we offer and how we can work with them.

Make contact with the home health agencies and hospices to keep them aware of the services we offer

Invite these agencies to our building to tour and see the changes made

Use Community Involvement opportunities to make contact with these agencies

1:1 visits, Newsletters, Mailings

Attend open houses, Attend meetings

Issue: Need to have a working marketing plan in place and maintained

Plan will be typed and sent to regional marketing staff by deadline

This plan will be reviewed monthly by the marketing team and adjustments will be made

plan will be e0mailed to regional staff on a monthly basis with a copy to the administrator

Typed plan

Monthly meeting

Email

Issue: We need to increase our community outreach to increase positive community awareness, so the facility will hold fund raisers.

Marketing team will discuss and select the groups that we would like to work for... eg.

Red Cross blood donation

All groups will be approved by regional marketing director prior to the initiation of events

Annual participation in Alzheimer's walk

Marketing meetings

phone call or email

Walk Participation
Appendix I

Medicare Summary

Green Hills Health Care Center currently relies completely on private pay residents. The total available beds in the Health Care Center are 40; the year-to-date average census is 30.15 residents. This occupancy level significantly affects its financial health. We believe certifying Health Center beds would increase our utilization of Medicare benefits, maximizes our census and strength our marketing.

- **Medicare Benefit:** Becoming Medicare certified will allow our residents to remain at Green Hills while receiving skilled care. Currently, residents must temporarily leave in order to receive Medicare benefits when they require skilled services. Many residents move to Green Hills knowing there is quality health care onsite so providing multiple levels of care would be ideal.

- **Census:** Increase our occupancy levels by accepting another payer source and extending our services to other members in our community, both internally and externally. The increase in census will allow the health care center to become more financially stable.

- **Marketing:** The results of the August focus group indicated the community at large has a misunderstanding that Green Hills does not take out-side admissions. Accepting another payer source may eliminate the stigma of only accepting current Green Hills’ residents while addressing the confusion concerning our competition offering skilled services. Both these factors will allow the public to differentiate us from our competitors.

By investigating the financial impact of our neighboring Medicare certified retirement communities and comparing them to other LCS Medicare certified facilities, we were able to create a budget the reflects the impact of an average daily census of 2-, 3-, and 4-residents.

**Revenues:**
1. Average Medicare payments will be around $300.00 per day
   a. Option A has 2 residents
   b. Option B has 3 residents
   c. Option C has 4 residents

**Expenses:**
1. General and Administrative:
   a. Staffing:
      i. Add part-time for accounting support.
   b. Other Expenses
      i. Training for accounting billing and support.
      ii. Professional Fees for cost reports and audit fees
      iii. Marketing costs for advertising new services.
2. Health Care
   a. Staffing:
      i. Add part-time MDS Coordinator to help with requirements.
      ii. Transition of LPNs to 24/7 RNs
      iii. Add part-time CNA to help with higher acuity needs.
   b. Other Expense:
      i. Startup Training
      ii. Ongoing Training and Support
      iii. Quality Assurance consulting and support
Appendix I

Potential Outcomes:

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<th>Medicare Census</th>
<th>Option A</th>
<th>Option B</th>
<th>Option C</th>
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<td>Other HC Expense</td>
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<td>Net Projected Income (Loss)</td>
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County Comparison:

Story County has seen an increase in Medicare utilization in the past two years. The communities used in comparison are Bethany Manor, Abington on Grand, Rolling Green Village, and Riverside Manor. The county’s total Medicare residents increased from 7.83 in 2002 to 12.89 in 2004, this is a 69.6% growth rate. Bethany Manor experienced an increase of 4.28 residents in two years; that is a 234% growth from the prior period. The county’s average length of stay in 2004 was 37.35 days.

Concerns:

There are a couple concerns with becoming Medicare certified. The first concern is investigating if our physical facility meets the current Life Safety Codes. The physical building must meet those requirements or we must have an approved variance in order for the health center to become certified. The next concern is the feasibility of attracting outside, Medicare utilizing residents. Green Hills must market Medicare admissions to the surrounding community in order to lessen the stigma of the health center only accepting Green Hills’ residents an to achieve the desired average daily census.

Conclusions:

To combat those concerns, there is financial strength, a county demand and great reputation supporting the project of becoming Medicare certified. Options B and C result in a net revenue over and respectively. It is important to note the projected net incomes for Options A, B and C are without the revenue for Medicare Part B. Medicare Part B revenue would be an additional revenue source ultimately strengthening our bottom-line. During our first year of operation, we would see roughly as a one-time, startup expense; only impacting our first year. The data from the county indicates there is a demand for the utilization of Medicare benefits. This is seen as the total county Medicare residents increased by 69.6% over the last two years. Lastly, Green Hills has a great reputation for delivering quality care in a pleasant and hospitable environment. In comparison with the community’s competition, Green Hills stands far above the rest.
NEWS RELEASE

Contact: Kacey Johansen  
Executive Director In-Training  
Greeley Healthcare Center  
651.439.5775

GREELEY HEALTHCARE CENTER INTRODUCES STATE-OF-THE-ART EXERCISE PROGRAM FOR ALL LEVELS OF FITNESS

(Stillwater, MN, date) – Greeley Healthcare Center announced their center is introducing an innovative new exercise program, Freedom Through Functionality, designed for older adults at all levels of fitness. Greeley Healthcare Center is equipped with state-of-the-art exercise machines, including Nautilus strength-building equipment, specifically suited for mature adults.

Research studies prove the positive effects of exercise in older adults, even those who have not exercised regularly in the past. Older adults, just like their younger counterparts, can gain muscle mass and slow down the loss of bone density. In a recent study conducted by University of Maryland’s Geriatrics Medicine and Center on Aging, it was found “Older adults can increase muscle and decrease fat with a strength-training program. The results demonstrate that strength training can help seniors significantly increase their strength to more effectively respond to function needs.”

Freedom Through Functionality allows each person to develop and follow their own exercise program, working at their own pace, under the supervision of Greeley Healthcare Center’s trained staff.

Greeley Healthcare Center welcomes everyone who would like to attend the grand opening of the Freedom Through Functionality program on date at time. Greeley Healthcare Center’s professional staff will be on hand to explain the benefits of exercise and the proper use of each piece of exercise equipment.

For more information or to attend the date opening, please contact Kacey Johansen at 651.439.5775.

Greeley Healthcare Center, a 76-bed facility located at 313 South Greeley Street, provides a full range of healthcare services, including 24-hour professional nursing care, respite care, physical, speech, and occupational therapies, wound care, IV therapy, dialysis care, and pain management. Greeley Healthcare Center accepts admissions 24 hours a day, 7 days a week.
Appendix L

Recycling Survey

1. Do you utilize the recycling containers that are currently available for use in the WMHC facility?
   Yes   No

2. Would you utilize recycling containers if there were more available for your convenience?
   Yes   No

3. Do you recycle at your home/place of residence?
   Yes   No

4. Do you think the implementation of a better recycling program is needed for the WMHC facility?
   Yes   No

Kelly Amundsen, Administrative Intern is conducting this survey for her leadership project.

Please provide your name to be entered into a drawing for Target gift certificates.

Name________________________

Recycling Survey

1. Do you utilize the recycling containers that are currently available for use in the WMHC facility?
   Yes   No

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Please provide your name to be entered into a drawing for Target gift certificates.

Name________________________
Appendix M

Milwaukee Catholic Home: Laundry System

Step-By-Step

1. Inform the residents of how the Milwaukee Catholic Home will handle the clothing items of the resident. Residents and family members receive this information for the first time in the tour packet before even moving into the Milwaukee Catholic Home. (See, Appendix A)

2. At admission the social worker immediately will sit down with the resident and family member to go over the admission agreement. Within the admission agreement the Milwaukee Catholic Home states:

"Milwaukee Catholic Home will label all clothing worn here regardless of who does the laundry”. “All clothing brought in after admission should be given to the nurse or the social worker for proper labeling”.

The social worker is responsible for explaining this statement to the resident and their family. Along with the admission agreement the resident is given the resident handbook. Inside the handbook the Milwaukee Catholic Home states:

Labeling and Inventory

"It is very important to have ALL personal items properly labeled. Personal items include, but are not limited to: Clothing, furniture, toiletries, knickknacks, pictures, glasses, dentures, and etc. Eyeglasses, hearing aids, and dentures are small, expensive and very prone to being lost. It is very important to have dentures and eyeglasses labeled upon admission. All items need to be inventoried prior to being placed in the resident’s room. The Health and Rehabilitation Center has a permanent iron on labeling system and will be labeling all the resident’s clothing. However, you must label the clothing the resident will be wearing on the day of move in. It is best to label all clothing with a marking pen until our staff can do the permanent labeling”.

3. Admission coordinator sends out a memo to the laundry department of the new residents name, room number, and date of arrival.

4. Laundry department receives the memo and begins to input the new residents information into the data system and print out labels for the resident’s clothes. Laundry aides put some of the labels in the resident room for the family to iron on if they family forget some items; otherwise they just wait for the clothes to bagged up.
Appendix M

5. Resident arrives and moves in, the nursing assistants or social workers will place the residents clothes in a clear plastic bag and place a pink labeling sticker on the outside of the bag, which has the name and room number of the resident the clothes belong to. Either the bag will sit under the nursing station desk or a social worker will inform the laundry aides to where they placed the bag of clothes.

6. Laundry aides pick up the bag of clothes and bring them down to the laundry room. When the laundry aides have time they will print out more labels for the clothes and use the iron press to apply the labels.

7. Laundry aides record the amount and description of the resident’s clothes. Place document in binder that is kept in the laundry room.

8. Laundry aides hang the clothes on hangers and get them back to the resident as soon as possible.

9. Resident’s clothes are worn; nursing aides place the clothes in the laundry bin that is in the hallway of the health center. All resident’s clothes are placed in these bins together. If a new resident has moved in and clothes are not labeled, nursing aides are suppose to place clothes in a clear plastic bag with a sticker labeled “soiled” with residents full name written on the label.

10. When the bins starts to get full the nursing aides will tie up the bags, which contain the residents clothes and place the bags in a big yellow laundry bin which is located in the laundry rooms on the health centers floor.

11. Immediately in the morning the laundry aides will bring the dirty laundry item that are in the yellow bins from each floor and bring them down to the laundry room. Once in the laundry room, the aides will put on their protective clothing and separate the clothes and put them in the washer. Once the washer is done, they put the clothes in the dryer.

12. Once the clothes are dried, the aides will put all of the clothing items on hangers. The aides must then identify the clothes by the label inside of the article of clothing and then hang the clothes on the section of the rack, which has the resident’s name.

13. Once all of the clothes are on the rack the aides will wheel the rack up to the floors where they will distribute the clothing item to the appropriate rooms. (At this time if any clothing items are not labeled the aides try to learn from the nurses or nurses’ aides whom the clothing items may belong to).
Scenario: A housekeeper notices an employee pushing a resident towards the living room. The resident states “I do not want to go there, I want to go to my room.” The employee ignores the resident and continues to push the resident to the living room. The resident puts their feet to the ground to stop him or herself. The employee keeps pushing the resident and ends up running over the resident’s foot.

What right was violated?

Freedom of Abuse

Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.

****There are four types of abuse including: verbal, sexual, physical, and mental abuse.

Verbal Abuse is the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to patients or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability.

Sexual Abuse includes but is not limited to, sexual harassment, sexual coercion, or sexual assault. Indicators of possible abuse includes bruises around breast or genital area, cuts or lacerations around breast or genital area, clothes with blood stains, tear marks, soreness around breast, genital, or anal area, difficult walking or sitting, individual may
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withdrawal from family and friends, individuals may flinch at movements, or individual may be frightened by opposite gender.

**Physical Abuse** includes hitting, slapping, pinching, and kicking. Indicators of possible abuse include cuts, lacerations, welt marks-possible sign of using restraints, burn marks from cigarettes, malnutrition or dehydration, hair loss from someone grabbing/pulling hair, sores on the body, open wounds, weight gain or weight loss, poor skin conditions, unexplained injuries such as fractures and breaks, bruises, scratches, bite marks, finger prints, frequent trips to the emergency room, black eyes, broken fingernails, over or under medicated, depression or withdrawal from family and friends, changes in behavior, mood swings, or may seem frightened, teary eyed. It also includes controlling behavior through corporal punishment.

**Mental Abuse** includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation. Indicators of possible abuse include patient being emotionally upset, disturbed, nervous behavior, repeated actions, negative attitudes, agitation, anger, rocking, sucking, and biting.

**Scenario:** The resident from the previous scenario is found to have a bruise on their foot. The employee who discovered the bruise chooses to ignore the bruise.

What right was violated?

**Freedom from Neglect**

**Neglect** is the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. Neglect occurs when nursing home staff fails to monitor and/or supervise the delivery of patient care and services to assure that care is
Appendix N

provided as needed by the patient. Some examples of neglect might include: lack of assistance in eating, drinking, walking, bathing, toileting, or ignoring call bells/lights. Neglect can cause depression, dehydration, incontinence, and/or pressure sores.

Scenario: An employee feels that a resident is being too loud and is disturbing other residents. Although the resident refuses to go to their room, the employee feels that it would be in the best interest for everyone to take the resident to their room. The employee continues to push the resident and takes them to their room.

What right was violated?

Freedom from involuntary seclusion

Involuntary Seclusion is the separation of a patient from other patients, or from her/his room or confinement to his/her room against the patient's will. Indicators of possible abuse include untreated sores, malnutrition/dehydration, unsanitary living conditions, health conditions not being cared for, dirty bed linens and clothes, a strong odor from lack of hygiene, obvious weight loss or weight gain, bed sores, begs for food, or needs medical or dental care.

Scenario: An employee finds a blanket in a resident’s room that never seems to be used and decides to give the resident’s blanket, who brought it from home, to a different resident who would be more likely to use the blanket.

What right was violated?

Misappropriation of Patient Property
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**Misappropriation of Patient Property** is the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a patient’s belongings or money without the patient’s consent. Indicators of possible abuse include withholding money from the elder, cashing checks without permission of the elder, personal belongings begin to disappear, not providing services that are needed, or unusual items charged on a credit card.
<table>
<thead>
<tr>
<th>Room No.</th>
<th>Room</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Audible Criteria: Resident Rooms

<table>
<thead>
<tr>
<th>Room No.</th>
<th>Room</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

### Audible Criteria: Common Spaces

<table>
<thead>
<tr>
<th>Room No.</th>
<th>Room</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### Audible Criteria: Lobby/Showers Rooms

<table>
<thead>
<tr>
<th>Room No.</th>
<th>Room</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Appendix O</td>
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<td></td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>Audit Criteria: Skill Training</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6</td>
<td>Skill are carrying professional handwashing techniques</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Skill are demonstrating proper handwashing techniques</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Skill are appropriately using the daily assigned cleaning checklist</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Skill are appropriately using the daily assigned cleaning checklist</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Skill are appropriately using the daily assigned cleaning checklist</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Skill are appropriately using the daily assigned cleaning checklist</td>
<td></td>
</tr>
<tr>
<td>Audit Criteria: Resident Quality of Life</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6</td>
<td>No expired food in refrigerator</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Food items labeled and dated</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Refrigerator clean inside and outside</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Floors, counters, and appliances clean</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No items stacked on floor</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>No items stacked on floor</td>
<td></td>
</tr>
<tr>
<td>Audit Criteria: Serving Kitchen</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Clean and solid waste securely sealed</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Door closed and latch secured</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Room clean, no cluttered and no items stacked on floor</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Room clean, no cluttered and no items stacked on floor</td>
<td></td>
</tr>
</tbody>
</table>

Response regarding follow up due to lack of simulation within 1 week of receiving form.