Using Language to Change the Perception of Long-Term Care

By Mark Anderson

For decades, health care providers have measured clinical data to improve outcomes. Pressure ulcers, weight loss, restraint use and incident of pain have been the focuses in our profession. More recently, there has been a growing interest in measuring stakeholder satisfaction. Our state has been contracting with Vital Research and conducts annual resident satisfaction surveys; the QIS survey process includes interviewing residents at the beginning of each health department survey; and many providers are using a third-party organization to measure the satisfaction of those they serve and employ.

So how do we improve our service so that our customers experience and feel the value in what we do? How can we improve our image to a society that doesn’t always see our value? We know that a perception may not always be accurate, but it is true to the beholder.

As culture change permeates our profession and hospitality becomes the new buzzword, language can be a powerful tool. For years, other goods and service providers have used words to shape (or re-shape) their customers’ perception—Starbucks uses words like “Vente” to describe the largest drink on their menu . . . airlines differentiate between economy class and business or first class . . . and hotel employees are trained to say such phrases as, “My pleasure.”

So why can’t nursing home employees use this same approach to help shape the perception of our service? We should! After all, we have institutionalized our service with the words we use. When we label the very people we serve as a “resident”, we make them a task. Or worse yet, you may remember the term “feeder” to describe a person who needs assistance when eating—what kind of image is created for those hearing that label?

Using a new language to describe what we do, who we serve and how we do it will be no easy task. However it can be done, as grassroots movements have occurred all across this planet. With time, energy and intentional effort these changes can occur.

The benefits in changing our language can be many, and the outcome may change the culture of who we are. It may help create a climate where co-workers feel valued. The public’s viewpoint of long-term care may be less negative. The perceptions of those people we serve may improve. Plus, changing our vocabulary is budget-neutral!

As leaders in long-term care, we have much to be proud of. Our work is challenging and yet so rewarding! We owe it to ourselves, our co-workers and those we serve to improve the perceptions of who we are and what we do. The simple fact is, it may be just a word away . . . .

Mark Anderson, Administrator, Good Samaritan Society – Albert Lea
Chair, Quality Council

Stratis Health QIO Project Results

Stratis Health (Bloomington, MN) has served as Minnesota’s quality improvement organization (QIO), developing and implementing evidence-based improvement projects to meet national health care goals on behalf of the Centers for Medicare & Medicaid Services since the program’s inception in the 1970s. QIOs work to improve patient safety and the quality of care delivered to Medicare beneficiaries, focusing on the greatest needs and opportunities for improvement.

With a few months remaining for the 2008-2011 QIO projects, Stratis Health has had great success working with health care providers across settings of care in Minnesota, helping them achieve excellence in care delivery.

Read their preliminary results.
CMS to Release New QAPI Regulation for Nursing Facilities

By Doug Beardsley

In April the Centers for Medicare and Medicaid Services (CMS) released S&C Memo 11-22-NH. The purpose of the memo was to outline initiatives CMS is undertaking to implement mandates of Section 6102 (c) of the Affordable Care Act related to Quality Assessment and Assurance in nursing homes. CMS has labeled their new initiative QAPI (pronounced quapi), short for Quality Assurance and Performance Improvement.

For over 20 years, the existing Quality Assessment and Assurance (QAA) provision at 42 CFR, Part 483.75(o) specified that each home should have a QAA committee with certain members that meets at least quarterly and that “develops and implements appropriate plans of action to correct identified quality deficiencies.” This regulatory provision contained no specifications as to the means and methods taken or the action plans developed to implement the QAA regulations. Section 6102 (c) of the Affordable Care Act requires CMS to establish QAPI standards and provide technical assistance to nursing homes on the development of best practices in order to meet such standards. This new provision significantly expands the level and scope of required QAPI activities to ensure that facilities continuously identify and correct quality deficiencies as well as sustain performance improvement.

Through an independent contractor, CMS will establish a prototype QAPI program that will be tested in a small number of homes, beginning in late summer of 2011. The results of this demonstration, as well as consumer, provider and stakeholder feedback, will be used to establish a QAPI on-line resource library and tools geared toward helping facilities to upgrade their current QAPI programs using a best practices approach.

In addition to the existing (QAA) regulation currently found at 42 CFR, Part 483.75(o), CMS will promulgate a new QAPI regulation. The new QAPI regulation will include the requirement that all homes must submit to the Secretary a plan for the facility to meet QAPI standards and implement QAPI best practices, including how to coordinate the implementation of a QAPI plan with QAA activities conducted under existing regulations. The Affordable Care Act permits CMS time to develop resource materials prior to promulgation of the new regulation. Further information about the timetable for a regulation will be shared once it is known.

National Quality Forum Releases 21 Measures for Nursing Homes

By Patti Cullen, CAE

To improve the quality of care in nursing homes for the 1.4 million Americans who currently reside in facilities across the country, in March 2011, the National Quality Forum (NQF) endorsed 21 measures to be used to care for both long-term residents and short-stay patients. The NQF-endorsed measures will be used in the Centers for Medicare & Medicaid Services’ Nursing Home Compare, an online database for consumers to compare the care provided in more than 17,000 nursing homes across the country.

In 2004, NQF endorsed an initial set of measures for publicly reporting care in nursing homes. With the completion of the current project, the 17 measures that were previously endorsed will be retired and, in some instances, replaced by the newly-endorsed measures. These measures were recently retired in the transition to CMS’ updated data collection instrument, the Minimum Data Set 3.0 (MDS 3.0).

The 21 NQF-endorsed nursing home measures assess patient outcomes and the patient’s own experience of care for both long-term residents and short-stay patients. The measures address falls, infections, pressure ulcers, and the general health of residents and patients. Examples of endorsed measures include:
percentage of patients who received influenza and pneumococcal vaccinations;
percentage of residents with urinary tract infections;
percentage of residents who need increased help with activities of daily living; and
patient experience of care surveys for both long-term residents and short-stay patients.

NQF’s Steering Committee on Nursing Homes was co-chaired by David Gifford, MD, MPH, director, Rhode Island Department of Health (now with the American Health Care Association), and Christine Mueller, PhD, RN, FAAN, associate professor and chair, University of Minnesota School of Nursing. NQF is a voluntary consensus standards-setting organization.

**Endorsed Measures:**

1. Physical therapy or nursing rehabilitation/restorative care for long-stay patients with new balance problem (RAND)
2. Percent of residents experiencing one or more falls with major injury (long stay) (CMS)
3. The percentage of residents on a scheduled pain medication regimen on admission who report a decrease in pain intensity or frequency (short stay) (CMS)
4. Percent of residents who self-report moderate to severe pain (short stay) (CMS)
5. Percent of residents who self-report moderate to severe pain (long stay) (CMS)
6. Percent of residents with pressure ulcers that are new or worsened (short stay) (CMS)
7. Percent of high-risk residents with pressure ulcers (long stay) (CMS)
8. Percent of residents assessed and appropriately given the seasonal influenza vaccine during the flu season (short stay) (CMS)
9. Percent of residents assessed and appropriately given the seasonal influenza vaccine (long stay) (CMS)
10. Percent of residents assessed and appropriately given the pneumococcal vaccine (short stay) (CMS)
11. Percent of residents assessed and appropriately given the pneumococcal vaccine (long stay) (CMS)
12. Percent of residents with a urinary tract infection (long stay) (CMS)
13. Percent of low-risk residents who lose control of their bowels or bladder (long stay) (CMS)
14. Percent of residents who have/had a catheter inserted and left in their bladder (long stay) (CMS)
15. Percent of residents who were physically restrained (long stay) (CMS)
16. Percent of residents whose need for help with activities of daily living has increased (long stay) (CMS)
17. Percent of residents who lose too much weight (long stay) (CMS)
18. Percent of residents who have depressive symptoms (long stay) (CMS)
19. Consumer Assessment of Health Providers and Systems (CAHPS®) nursing home survey: discharged resident instrument (ARHQ)
20. Consumer Assessment of Health Providers and Systems (CAHPS®) nursing home survey: long-stay resident instrument (ARHQ)
21. Consumer Assessment of Health Providers and Systems (CAHPS®) nursing home survey: family member instrument (ARHQ)

Find details about the National Quality Forum and their performance measures on their website.

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**Tougher, More Fulfilling Exercise Program for Long-Term Care Residents**

*By Melissa Rozsa ADC*

Who would have thought that 80-year-olds would embrace exercise as a way of life? Some of these folks worked the farm from dawn ’til dusk—why would they want to lift a weight??

At Madonna Living Community in Rochester, 24 of our long-term care residents participate in an exercise and wellness program on a daily basis (taking a day of rest on Sundays, of course). This is part of Benedictine
Health System’s performance incentive program that began last October. This two-year program focuses on falls prevention and senior fitness. Madonna Living Community is one of 13 facilities that collaborate as recipients of a two-part grant. Seven new state-of-the-art pieces of exercise equipment have been installed for use of short-term rehab residents, and secondarily, our activities and restorative care department manages an exercise program to increase the strength and balance of our long-term care residents.

Staff members can easily attest to positive changes in the residents. In class we see them standing by themselves for longer periods, balancing with no hands, doing squats and lifting weights. This is a big change from our exercise programming of the past, which had its benefits, but was more of a social, lets-get-out-of-your-room event. Those were head-to-toe, stretch and strength, seated exercises lasting 20 minutes, meant to provide a kind of health maintenance. And while definitely better than doing nothing, they were not providing the kind of improvements we are seeing with this program.

The new programming involves three days of seated strength training, and 3 days of seated flexibility, with additional standing balance training for all six days. The exercises are prescribed specifically for seniors by Exercise Physiologist Shane Paulson, with mobility in mind. We see improvements in transferring from bed to chair, using a walker to get around their rooms, and increased flexibility for grooming tasks like combing their hair.

But how do the residents themselves feel about it? Attendance is remarkably consistent, and I spoke with our participants, asking them why they kept coming to class day after day. [Note: names have been changed for privacy.] Katherine tells me, “It is definitely helping us all get stronger. Getting a work out [surprising to hear the phrase “work out” from her] really feels good. Like I’ve accomplished something.” Roy, a previous dance instructor, says, “I need the exercise. I used to do hours of practice a week. This helps keep me in shape.” Lucinda – “I thought it would be all the same old easy stuff, but this really does me some good. I can’t sit all my life in my wheel chair or I’ll end up all fanny!” When asked if she had ever exercised in her 30’s and 40’s, Arlene laughs and answers, “No, we never thought to do anything like that. Just housework and chores! But this, it’s a different kind of work I guess. I look forward to it. It makes me stronger and I feel like I did something for myself.”

Our purpose for this program is to help our residents live the most fulfilling life possible. I am so pleased to see them gain this one little step of independence. For each resident that feels “I did something for myself,” this is a huge step in the right direction!

Morgan Hinkley Named Future Leader of Long-Term Care

Since 2004, the American Health Care Association (AHCA) and the National Center for Assisted Living (NCAL) have offered the Future Leaders program to long-term care professionals. The year-long program kicks off with a two-day symposium, “Future Leaders of Long-Term Care in America,” held each July in Washington, DC. Selected participants have demonstrated leadership potential and an interest in representing the interests of LTC providers at the state and national levels. The program covers the latest theories and practical applications in quality management, customer satisfaction, and leadership.

Program Goal:
By participating in this program, members of each future leaders class will be better prepared to serve in vital roles within AHCA/NCAL and on behalf of the entire profession. By honing their knowledge and leadership skills, these future leaders will help to advance quality and promote the profession’s mission of providing the highest quality, resident-centered care for frail, elderly, and disabled Americans.

Morgan Hinkley, administrator at Mala Strana Health Care Center, has been chosen as a participant in this year’s class.

“As Minnesota’s 2011 representative for ACHA/NCAL’s Future Leaders of Long-Term Care in America, I am still
at a loss for words,” commented Morgan. “Being a Midwestern native, I am not one to “toot my horn,” but what I will say is that I am tremendously grateful to Care Providers of Minnesota for the nomination. Moreover, I am fortunate to have had the privilege to work with numerous talented mentors over the past several years, and consider myself to be in good company with recent Minnesota graduates of the program.”


“Likewise, I look forward to meeting others that share my passion for the field while expanding my skills and aptitude for making a difference in the lives of those we serve,” continued Hinkley. “I am extremely honored to have been selected to this program and am intrigued to see what the future holds.”

**Recognizing Excellence Results in Record Number of Nominations**

Friendly competition between regions, weekly emails, and, in some cases, calls from the corporate office, had the desired effect: a record number of nominations for Care Providers of Minnesota awards!

The quantity of nominations will make this year the most competitive one yet—and a few nominations went the extra measure to hedge their competitive edge.

For instance, one organization took the challenge head on and sent in 15 nominations for 14 award categories (they doubled up on one of the categories). Two facilities sent in DVDs to complement what was documented in their written application. Others boasted in their cover letters or email subject lines that there was really no need to look any further—theirs was the winning nomination!

And four others worked up until deadline to get their nominations in, arriving in our email account minutes before the 11:59 p.m. deadline on May 23rd.

And this is a good thing because…

- Competition is healthy!
- More skin in the game! This is sure to create even more interest as to who walks up to the podium at Convention time to receive an award.
- A record number of members took the time to recognize their outstanding employees, volunteers, and programs! So even if they don’t win—and most won’t—it provided the chance to catalog the great attributes and talents of individuals in their organizations.

So, to the many who submitted a nomination, thank you. As one nominee wrote, “There are many “unsung heroes” in long-term care but I really think ours is something special.”

One-hundred and eighteen felt the same way.

**Baldrige in Three Easy Questions**

*By Doug Beardsley*

Okay, you asked for it. You say Baldrige is too complex for beginners. You ask how to get your boss or your employees convinced Baldrige is a journey worth beginning. You talk about needing silver bullets. Well, here they are. The three silver bullets to convince you that Baldrige is worthwhile and that all organizations can benefit from taking the challenge to start a Baldrige quality journey. Ready?

1. Is your organization doing as well as it could?
2. How do you know?
3. What and how should your organization improve or change?

That's it! The rest of the [Baldrige Criteria for Performance Excellence](#) are the details to make sure you are truly
considering everything that is important in a systematic and systemic way. How does your organization stack up against these questions? Good luck!

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Long-Term Care Improvement Guide Features Tools and Sample Policies

By Patti Cullen, CAE

The “Long-Term Care Improvement Guide” is a website that includes a chapter-by-chapter resource which allows users to pinpoint specific information. Developed by Planetree in partnership with Picker Institute, the Long-Term Care Improvement Guide was created in 2010 to propel long-term care communities in their improvement efforts. Informed by focus groups with residents and staff, executive interviews, and a series of site visits to organizations with well-established resident-centered cultures, the guide demonstrates how culture change makes an impact on operational, clinical and financial outcomes. The featured strategies apply to independent, assisted living, short-term rehabilitation and nursing home environments, and are not specific to any one culture change model.

The guide is designed to support beginner to advanced resident-centered cultures, with a self-assessment tool to help organizations prioritize initiatives and decide where to start, and stretch goals that challenge sites to take change efforts to even greater heights. Beyond a compendium of practices, the guide also examines a defined process for engaging all stakeholders in creating, implementing and anchoring a community vision for change.

The Long-Term Care Improvement Guide presents a collection of over 250 concrete strategies for actualizing a resident-directed, relationship-centered philosophy. Ultimately, the aim of this guide is to encourage communities to take action. The self-assessment tool on page 10 was developed to support users in this aim by helping them to navigate to the content in the guide most pertinent to their organization. Completion of the tool is a good starting point for identifying and prioritizing opportunities for improvement and enhancement. The findings can be used to inform a site-specific implementation plan and to guide the trajectory of the change effort.

For communities in the early stages of the change process, creating a sense of urgency for why business as usual will no longer suffice is essential. Section one—making the case for change—uses outcomes data to demonstrate that improving the long-term care experience for those who live and work in our communities is not merely a moral imperative, but increasingly a financial one. The data presented here may be useful in creating a platform from which to launch improvement efforts. This section also tackles twenty of the most persistent myths that have long curtailed change efforts and demonstrates why they need not stand in the way of improvement.

In section two—building community—they explore a defined process for engaging all stakeholders in creating, implementing and anchoring a comprehensive vision for change. The description of the change process is complemented with specific tools individual sites have used related to the different steps. Section three—practical approaches for building a resident-centered culture—is organized around aspects of life in long-term care communities identified as priorities by residents and staff. Topics covered include: systems for getting to know residents; resident-centered staffing approaches; maximizing independence; the move-in experience; understanding community norms; focusing on possibilities, not limitations; supporting the community through grief and loss; spirituality; managing risk; culinary engagement; an environment of living; authentic experiences that promote well-being; community connections and transitions of care.

Access this free guide.

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Free Geriatric Pain Resources Website

By Doug Beardsley

A free geriatric pain website has been created by Sigma Theta Tau in response to the need for better pain assessment and management in long-term care environments. GeriatricPain.org is a one stop web resource that shares best-practice tools and resources that support recommendations for good pain assessment and management in older adults.

Sigma Theta Tau International (STTI)’s Center for Nursing Excellence in Long-Term Care is a partnership among experts from the nine Hartford Centers of Geriatric Nursing Excellence, nurses from skilled nursing facilities, senior nurse executives from national providers, and representatives from trade associations, geriatric nursing organizations, and consumer groups. The purpose of the initiative is to strengthen the professional practice of nursing in nursing homes and to improve the quality of care and quality of life for patients/residents in nursing homes.

The geriatric pain website was created to provide nurses who work in long-term care environments with access to free best-practice pain assessment tools and resources to help manage pain in older adults, including quality improvement processes focused on pain management.

Up to 80 percent of older persons living in long-term care facilities suffer from pain problems. Although aging contributes to the likelihood of pain conditions, effective assessment and management can ensure good quality of life.

The website is easy to access and user friendly. It’s organized into categories of emphasis, including pain assessment, pain management, education, quality improvement, guidelines and resources.

Who was the geriatric pain website developed for?
The tools available are for nurses and administrators in nursing homes and long-term care facilities to help them improve pain outcomes for residents, change organizational standards for pain outcomes and save time identifying and evaluating quality tools.

Is there a cost to access the resources?
The geriatric pain website resources are free to registered users. Registration is quick, easy and requires only your e-mail address, password, name and zip code.

How was the geriatric pain website funded?
The website is made possible by generous funding from the Mayday Fund. Additional support was provided by the University of Iowa, Golden Living and in part by a grant from the RWJ Executive Nurse Fellows program to Dr. Keela Herr, 2007-2010 RWJ Executive.

Who developed the geriatric pain website?
The geriatric pain website content was developed for STTI by representatives from five of the nine John A. Hartford Centers of Geriatric Nursing Excellence: the University of Iowa, Oregon Health & Science University, the University of Arkansas for Medical Sciences, the University of California at San Francisco and the University of Pennsylvania.

What is the Center for Nursing Excellence in Long-Term Care™?
The objective of the Center for Nursing Excellence in Long-Term Care™ is to support the knowledge, professional development and leadership growth of nurses who provide care to older adults. STTI’s collaborative initiative will result in the development of several tools and resources that will transform nurses’ roles and enable them to take a stronger leadership position within their environments to ensure quality care and life for patients and residents of long-term care facilities.

View the free geriatric pain website.

Doug Beardsley
Culture Change Strategic Planning E-Learning Tool

By Cindy Morris

Too many facilities have been overwhelmed by the process of implementing deep and meaningful culture change in their organizations. Heavy time commitments, lack of financial resources, and the sheer magnitude of the required change have precluded many providers from starting this journey. A new web-based strategic planning tool has been developed to provide a practical and sustainable strategy for achieving culture change tailored to organizational needs and resources. ProCatalyX fills the need for an affordable venue to assist organizations with rapid and deep immersion into person-centered care using educational tools supported by videos, audio clips, and an accompanying workbook. At the program completion, a facility will have a formalized strategic plan to implement culture change in their organization.

The ProCatalyX e-learning tool was designed by Dr. Leslie A. Grant (director of the Center for Aging Services Management at the University of Minnesota) and the Empira collaborative through a development grant from the Hulda B. and Maurice L. Rothschild Foundation. This tool supports performance improvement through person-centered care, staff empowerment and evidence-based management through the six core constructs of culture change.

Successful change requires leaders at all levels of an organization (e.g., board members, CEOs, administrators, department heads, directors and supervisors) to learn how to design a practical and sustainable strategy. The facility group will individually and collectively work through ten units to design a culture change strategy tailored to their unique organizational needs and resources. This process will include:
When the ten units are completed, the facility will have developed a strategic plan to thoughtfully and effectively implement culture change in their organization. The tool is currently in the beta testing process but should be available by July/August 2011. For further information on this tool, feel free to contact Empira at 952.259.4464.

Cindy Morris, Executive Director, Empira

**POLST Form Updated and Ready for Use**

*By Patti Cullen, CAE*

For several years a group of interested parties has been meeting to develop, test, finalize, and distribute a form that can be used to express treatment goals and interventions. The form, POLST (Provider Orders for Life Sustaining Treatment), is currently being used in many parts of the state. The last revisions, noted below, were made to the form in January 2011. [Access the latest version of the form](#), which we have posted on our website.

The key changes that were agreed upon at the January POLST workgroup meeting (and were also incorporated into the linked document) include:

- Change signature line on first page to say: “Provider Name (MD/DO/NP or PA, when delegated, are acceptable)”
- Section E- signature line: changed to say: “Signature*” The second main bullet of the Completing POLST direction will say, “POLST must be signed by a physician, nurse practitioner, Doctor of Osteopathy, or Physician Assistant (when delegated). * The signature of the patient or health care agent / guardian / surrogate is strongly encouraged.”
- Number 3 on the Reviewing POLST section will be edited to say, “A new POLST should be completed when the patient’s treatment preferences change.”
- The footer on the form will be updated to say, Minnesota POLST – January, 2011

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**Registration Open for Nursing Facility Performance Incentive Payment Program Summer Conference**

*By Todd Bergstrom*

Providers may now register for the June 28, 2011 Nursing Facility Performance Incentive Payment Program (PIPP) Summer Conference. According to the Department of Human Services (DHS), this conference is open to all nursing facilities involved in or interested in the Performance Incentive Payment Program. The purpose of this
conference is to give participants current information, tools and ideas to make change and improve quality in their facilities.

View the DHS promotional flyer.

REGISTRATION
Please register no later than June 15, 2011. Space is limited to 200 people. The cost is $30 per person and includes lunch and refreshments. Register on the DHS website.

The PIPP Summer Conference will be held at:
North Heights Lutheran Church
1700 West Hwy 96, Arden Hills, Minnesota
June 28, 2011 - 8:15 a.m. to 4:15 p.m.

For additional information, please contact the Nursing Facility Rates and Policy Division at 651-431-2277 or email DHS.NFRP.CostReport@state.mn.us with questions.

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Person Centered Care—Tools for Change

By Doug Beardsley

Dr. Amy Elliott, Senior Policy Analyst for Pioneer Network, recently introduced a new publication series at the 2011 Colorado Accord. Tools for Change is a series of briefs that articulates recent developments in measuring culture change and how these measurements translate to demonstrating positive outcomes to policymakers, providers and consumers. Pioneer Network’s Tools for Change helps you make the case for culture change in your organization or state.

Current tools for change resources include:

Artifacts of Culture Change Benchmark Reports (downloadable pdf)
Positive Outcomes of Culture Change: The Case for Adoption (downloadable pdf)

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Advancing Excellence Data for Minnesota

By Todd Bergstrom

The February 17, 2011 Advancing Excellence in America’s Nursing Homes Quality Campaign state results report for Minnesota has a number of interesting data points. The purpose of this quarterly report is to provide each coalition of nursing home stakeholders within every state (also called LANEs or local area networks for excellence) with a more in-depth assessment of their state’s progress toward the Phase 2 clinical and operational goals. In addition, selected national data are presented to allow LANEs to compare their state’s progress with that of the nation as a whole. View the entire report on the Stratis Health website (scroll down to the Resources section of the page).

Below are national maps of the state averages for high risk pressure ulcers and physical restraints:
2011 National Quality Awards by State

The American Health Care Association and the National Center for Assisted Living (AHCA/NCAL) have released the number of Quality Award applications for 2011. In total, 1119 facilities from across the nation applied for a bronze, silver, or gold quality award.

With the exception of Hawaii and Louisiana, all state associations affiliated with AHCA applied for at least one quality award. Here’s the breakdown: 702 going for a bronze, 376 for silver, and 41 for gold. Minnesota numbers indicate that 8.3% of our membership applied for a quality award this year: 19 for a bronze, 13 for a silver, and 3
for a gold award.

Applicants will be notified of their status over the summer months, with bronze applicants receiving notice on June 30th; silver applicants on July 29th, and gold on August 22nd. Award recipients will be recognized at AHCA/NCAL’s annual convention on September 21, 2011.

AHCA/NCAL’s National Quality Awards program is progressive—facilities must achieve an award at the bronze level in order to progress to silver; and at the silver level in order to go for the gold. The program began in 1996 and is based on the core values and criteria of the Malcolm Baldrige National Quality Award Program.

Minnesota is well represented by our bronze and silver award members, but we have true boasting rights when it comes to the gold. Out of the nine gold awards that have been presented to facilities across the nation—four of those belong to Care Providers of Minnesota members. A complete list of Minnesota Quality Award recipients is located on our website.

What Does Culture Change Look Like?

By Kari Swanson

“Creating Home: Advocating for Change in How and Where We Age” is the title of the Creating Home Consumer Project developed by the Pioneer Network, in collaboration with its partners, and funded by the Picker Institute as a consumer education pilot. The project features Cornerstone Residence of Kelliher in the What Does Culture Change Look Like? handout, shared at educational meetings nationwide.

We have heard so much over the years on culture change and person-centered/directed care, but how does a facility actually move forward and make it happen? It’s important to evaluate the needs of the facility, population served, demographics and staff’s willingness to change, as well as the appropriate timeline that fits your facility. Three years ago the interdisciplinary team at our small skilled nursing facility in northwest Minnesota sat down together and discussed plans to move forward with changes that would convert the facility to assisted living. Those changes included the physical environment as well as initiating the core values of culture change—choice, dignity, respect, and relationship. We set a target date, prioritized our challenges, and began our journey to culture change transformation.

Culture change for us meant changes to our physical environment, the way we delivered care to our residents, including the dining and bathing experience, and the staff-resident relationships. A few of the changes to our physical environment consisted of creating private suites, each with its own bathroom, adding carpet to our tile floors, using warm paint colors, and removing a wall to create a more open, welcome feeling. The dining experience was an exciting challenge. We eliminated the use of trays, broadened the education of our nursing assistants on nutrition so they may assist with meal preparation and serving, and met with residents on expanding menu options and times. We focused on cross training of staff, as well as keeping our residents and families informed and feeling like they are a part of this journey. Our residents also expressed a greater sense of dignity, contentment, and comfort. The greatest commitment amongst staff was the ongoing encouraging teamwork.

We are very proud to be recognized in the “What Culture Change Looks Like” publication of the Pioneer Network and to share it in the Quality in Action newsletter. There is nothing more powerful than the sharing of stories and learning from others.

Kari Swanson, Administrator
Cornerstone Residence of Kelliher

The Evangelical Lutheran Good Samaritan Society’s LivingWell@Home Research Study

By Todd Bergstrom
In June 2010, the Evangelical Good Samaritan Society received an $8.1 million grant to launch a research program called LivingWell@Home. The 3-year research program is being conducted by the University of Minnesota, and encompasses five states, including Minnesota. The goal of the program is to increase choice and access for seniors in rural communities through home-based sensor technology, personal emergency response systems (PERS), and telehealth technology.

Through this program, the Society has four main goals:

1. Expand sensor technology, telehealth services and personal response systems to seniors.
2. Study how sensor technology, telehealth services and personal response systems can help seniors.
3. Evaluate the cost savings associated with the services; secure reimbursement from public and private sources for these services.
4. Develop a business model to sustain LivingWell@Home as a major service area for the Society.

Here are further descriptions of the technologies used and the benefits of the technologies:

SENSOR TECHNOLOGY
Sensor technology offers the opportunity for enhanced quality of life through an innovative approach to wellness and safety. It is a low-cost monitoring solution that gathers and reports behavioral and wellness information.

The Evangelical Lutheran Good Samaritan Society uses WellAWARE sensor technology. With this non-evasive system, the information gathered helps specially trained clinical professionals track variances in a user’s daily living patterns, including sleep quality, bathing habits, toileting frequency, and any disabling falls. The information provides insight into an individual’s overall well being. It allows for early identification of potential medical problems, which in the long run can help reduce medical costs to the user.

Key benefits of sensor technology:

- Proactive approach to care delivery
- Early identification of potential medical problems
- Timely response to safety concerns
- Peace of mind and reinforced sense of well-being

TELEHEALTH
For the Good Samaritan Society, telehealth focuses on wellness by delivering health care from a distance. The Society’s main goal for telehealth is to provide the supportive services needed for individuals to remain as independent as possible in their home. Telehealth technology allows daily monitoring of vital signs—including any combination of blood pressure, pulse, blood oxygen saturation, blood glucose, and weight—using a state-of-the-art in-home monitoring system.

Key benefits of telehealth:

- Increases quality of life by reducing the need for hospitalization and helping individuals remain in their own homes longer
- Increases knowledge of health conditions and helps seniors manage health conditions such as diabetes, chronic obstructive pulmonary disease (COPD) and congestive heart failure
- Improves medication compliance
- Minimizes the need for caregivers and relatives to travel to a medical facility
- Helps maintain social connectedness
- Provides better client care by reducing the number of required nurse visits

PERSONAL EMERGENCY RESPONSE
A personal emergency response system notifies family members or professional caregivers in the event of a client emergency, such as a fall or a sudden illness. The system can be activated even if a client cannot push the emergency call button. A personal emergency response system helps provide peace of mind for both clients and family members.
Read more information on the LivingWell@Home program on the Evangelical Lutheran Good Samaritan Society's website.

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