



Accelerating LANE Performance:

A Compendium of LANE

Performance Improvement Projects

January 2012



Accelerating LANE Performance Improvement Projects Round 1

Introduction

The Advancing Excellence Campaign is a national effort to help make nursing homes better places to live, work and visit. At five-plus years old, the Campaign is run by the largest stakeholder group in the nation and includes representatives from 30 national organizations interested in improving nursing home care.

The Campaign is now a part of the Advancing Excellence in Long Term Care Collaborative (AELTCC), a non-profit organization that was formed in the fall of 2010. Funding for the Campaign comes from three sources: 1) the organizations that sit on the Board of Directors; 2) a grant from CMS to the Colorado Foundation for Medical Care; and 3) a grant from The Commonwealth Fund.

The Campaign's Board of Directors sets policy for the Campaign, focuses Campaign participants on eight goals, provides resources and technical assistance to achieve the goals, and maintains a robust website that allows nursing homes to access information and monitor progress.

There are 52 Local Area Networks of Excellence (LANE); one in each state, the District of Columbia and the Virgin Islands. The LANEs are state-wide coalitions made up of key stakeholders including representatives from the for-profit and non-profit nursing home associations, QIOs or quality improvement organizations, state survey agencies, ombudsman programs and culture change coalitions. The LANEs, throughout the country, are the liaison between the Campaign at the national level and the nursing homes. The LANEs are the groups that actually do the hands-on work with the nursing homes to recruit nursing homes to participate in the Campaign, teach nursing home staff about the Campaign goals and tools and to provide one-on-one assistance.

The Accelerating LANE Performance Project

In the summer of 2010, and after almost 4 years of effort, the LANEs had recruited about 48% of all nursing homes. The Campaign goals were well established and solid, evidence-based tools for each goal were available, for free on the Advancing Excellence website. However, the LANE members expressed frustration and a desire for guidance. They felt stuck: recruitment had plateaued and many LANEs just

weren't sure what to do next. Leaders of the Campaign had a similar feeling: networks of excellence had been created, but now it was time to move to the next level where the networks of excellence were actively creating change.

In August 2010, the Campaign issued a challenge to the 52 LANEs: successfully develop and complete a Campaign-related performance improvement project (PIP) that includes a goal, intervention and method to monitor progress. LANEs were given until June 30, 2011 to complete their project and submit reports. As an incentive, at the completion of the project, LANEs would be awarded a \$1000 stipend to assist with meeting expenses, speakers, or other LANE-related activities. LANEs were permitted to submit more than one PIP.

LANEs were asked to submit proposals that included:

- State
- Contact name, e-mail and phone number
- Contact's relation to the LANE
- Goal statement
- Reason for selecting the goal
- Benchmark or starting point for goal
- Population affected
- Strategies that would be employed
- Description of measurement
- Any other information that would be useful to understanding the proposal

Examples of goal statements such as "We will reduce pressure ulcers from 10% to 9% by June 30, 2011" were provided to the LANEs.

Results

Fifteen LANEs submitted a total of 21 PIPs. All of the projects focused on an aspect of the Campaign. Several LANEs sought to improve care outcomes by decreasing pressure ulcers or restraints. Others focused more on process such as increasing use of AE tools and data entry on the AE website. A few LANEs concentrated efforts on increasing recruitment.

The proposals from the LANEs varied from well-designed research proposals with pre- and post- tests built-in to simple letters of intent such as "we plan to reduce pressure ulcers." There was a fair amount of back and forth between AE staff and the LANEs to produce PIP proposals that met the basic criteria. It was the first time many of the LANE members had engaged in such projects, and the first time these staff had attempted writing and planning a performance improvement project. Thus, the projects in many states evolved into a healthy learning and teaching exercise.

Fourteen states completed projects. Although methodological problems were noted, the results of the projects were satisfying:

- Alabama worked with five nursing homes in a collaborative setting to use Campaign tools for collecting pressure data and subsequent data entry on the AE website.
- Arkansas doubled data entry on the website for staff turnover and also increased the number of homes that selected Staff Turnover.
- California moved its ranking from third highest restraint rate to second and reduced restraints overall by 5.7%. The relative improvement rate for the nation was only 3.6%.
- Colorado increased consumer participation from 33 to 99 participants (300% increase) and staff participation from 61 to 200 participants (328% increase). Colorado also increased selection of the Advance Care Planning Goal.
- Illinois increased selection of the Consistent Assignment Goal from 40 to 52 nursing homes and overall enrollment in the Campaign increased from 109 to 125 Nursing Homes.

	AE Goal Selected	
1	Staff Turnover	AL, AR, KS, ME, MO
2	Consistent Assignment	IL, KS, MN
3	Restraints	CA
4	Pressure Ulcers	AL, KS, ME, NY
5	Pain	KS, NE
6	Advance Care Planning	CO, NJ
7	Resident Satisfaction	MI
8	Staff Satisfaction	-

Goals of Project	
Increase Recruitment	CO, MI, NJ, NY, WI, MI, NE
Increase Data Entry	AR, CO, ME, MI, MN

- Kansas developed best practices across the state to reduce pressure ulcers and to increase awareness on workforce best practices.
- Maine increased reporting on the AE website from 0 to 36% for Consistent Assignment and increased reporting on the AE website from 0 to 56% for staff turnover.

- Michigan increased data entry for the resident satisfaction goal from approximately 2% to 17.8%. The National average for entering data for Goal #7 is 4.2%.
- Minnesota increased data entry for consistent assignment on the AE website and also increased Campaign registration.
- Missouri developed and distributed a packet of workforce stability and best practices throughout the state. Missouri also offered a financial incentive to nursing homes for “telling their story about a successful practice.”
- Nebraska increased recruitment in the Campaign from 62 to 70%.
- New Jersey increased awareness of the need for Advance Care Planning through educational programs and pre and post-tests, and also increased overall registration in the Campaign by more than 42 participants.
- New York increased overall Campaign registration to 25% and also successfully encouraged selection of pressure ulcers as a LANE focus.
- Wisconsin increased enrollment in the Campaign by more than 25% (47 homes) of un-enrolled homes and increased use of the pain tool from 0 to 46 percent of homes choosing the pain goal.

Methods Used	
AE Tools	AL, AR, CA, CO, IL, KS, ME, MI, MN, NJ, WI, NE
Collaborative	AL
One on one	AR, CA, CO,
Webinars Learning Sessions	CA, IL

Discussion

This project moved the Advancing Excellence Campaign’s focus from one of recruitment of participants to active participation by both LANEs and nursing homes to improve care. It also showed that the LANEs can indeed be catalysts for change and become the statewide “Go To” organization that can and does

address opportunities for improvement. Prior to the project, LANEs said they were “stuck” and said they didn’t know what to do; the project provided focus and an activity to bring the LANE team together to work for a common goal. Many of the LANEs discussed their team approach in their final reports.

The LANEs also noticed barriers and challenges to performance improvement in their states. Although the Campaign provides free data gathering and other PI tools, teaching of the tools and engagement of the nursing homes to use them requires intensive outreach, mostly in-person. Resources in the LANEs are limited. Another barrier is that some of the tools appear overwhelming to the nursing home staff and take away from resident care time. Performance improvement is still perceived as an add-on to day-to-day operations instead of an important and critical component of business as usual.

Some LANEs attempted too much in their projects and others not enough. Because the knowledge of PI in the nursing home is so variable, it is difficult to devise a project that is both challenging and not overwhelming.

Finally, measurement of progress, by both the LANE and the nursing homes was an issue. On the one hand, measurement was made more difficult by the lack of MDS Quality Measures (QMs)¹. Although the QMs are old and frequently don’t measure the right variable (ex. in-house vs. community acquired pressure ulcers), both LANEs and nursing homes were at a loss as to measure improvement in clinical outcomes. The AE tools provide an alternative measurement component, but shifting away from the QMs and putting a more meaningful method in place was difficult.

Conclusion and Next Steps

All in all, the project was indeed a success. The LANEs rose to the occasion, stepped up to the plate and demonstrated both a willingness and ability to coordinate PI in the states. The AE Campaign can foster and strengthen this effort by supporting the LANEs with PI information, particularly with measurement methodology. AE needs to review its data gathering tools and simplify them where it can.

Currently AE and the LANEs are in Round 2 of Accelerating Performance Projects. Proposals, including goals statements and description of measurement, were all improved from Round 1. The Commonwealth Fund has funded the Campaign for a third round of projects in 2012. These projects should be even more advanced and developed than the projects in the first two rounds.

¹ CMS implemented MDS 3.0 on October 1, 2010. Quality Measures for pressure ulcers, pain and restraints were no longer available.

Table of Contents

Page	Project Focus
1	Alabama: Staff Turnover and Pressure Ulcers
3	Arkansas: Staff Turnover
5	California: Physical Restraints
9	Colorado: Advance Care Planning & Consumer and Staff Recruitment
10	Illinois: Consistent Assignment and Data Entry
13	Kansas: Pain (Chronic)
15	Kansas: Pressure Ulcers
17	Kansas: Staff Turnover
19	Maine: Consistent Assignment
21	Maine: Pressure Ulcers
23	Maine: Staff Turnover
25	Michigan: Pain Management
27	Michigan: Resident and Family Satisfaction
29	Minnesota: Consistent Assignment & Recruitment
33	Missouri: Staff Turnover
35	Nebraska: Pain Management & Recruitment
37	New Jersey: Advance Care Planning
39	New Jersey: Recruitment
41	New York: Recruitment & Pressure Ulcers
43	Wisconsin: Pain Management
45	Wisconsin: Recruitment
	Attachments
47	Alabama: Attachment 1
49	Alabama: Attachment 2
55	Michigan: Attachment 3
57	Missouri: Attachment 4
61	Missouri: Attachment 5
63	Missouri: Attachment 6
65	Missouri: Attachment 7
67	Nebraska: Attachment 8
69	New Jersey: Attachment 9
71	New Jersey: Attachment 10

Alabama LANE Project: Staff Turnover and Pressure Ulcer Reduction

Project Summary:

The Alabama LANE sponsored a six-month collaborative with five nursing homes participating. Two of the homes were special focus facilities (SFF). The purpose of the collaborative was to assist the nursing homes with performance improvement practices using the Advancing Excellence resources and tools, specifically to reduce staff turnover and prevent in-house acquired pressure ulcers.

Interventions:

The six-month collaborative began January 1, 2011 and ended June 30, 2011. Five nursing homes and one alternate participated. The nursing homes agreed to:

- Adopt a workforce-focused or resident-centered practice and to submit a description of the new best practice with measureable outcomes;
- Collect, track, trend and report turnover data for nursing staff using the Advancing Excellence staff turnover data collection tool to provide baseline and ending data; and
- Collect, track, trend and report to in-house acquired pressure ulcers using the Advancing Excellence data collection tool and provide baseline and ending data.

The LANE sponsored a state-wide educational conference, *A Practical Approach to Staff Stability*, on December 9, 2010 and used the occasion to pre-launch the collaborative. Registration was waived for nursing homes due to participate in the Collaborative, and the event served to orient them to the project and enable them to sign a participation agreement. Nursing home participants attended two additional learning sessions: one focused on pressure ulcer prevention and wound care and the other on strategies to build a stable workforce including the use of consistent assignment. QIO staff served as the collaborative facilitator and coach. Thereafter, the coach conducted site visits and assisted participants in using the Advancing Excellence tools.

Results:

- Four of the five participating nursing homes were successful in collecting, tracking, trending and submitting turnover and pressure ulcer data using the Advancing Excellence tools. Nursing homes were proactive in submitting the data by the deadline with little prompting from the facilitator.
- Three of five participating nursing homes adopted a new workforce-focused or resident-centered practice and submitted a description of the best practice. One of five participating

homes submitted a best practice by the deadline with plans to adopt and deploy the best practice effective July 5, 2011. Best practices selected were:

- Use of learning circles to identify areas needing improvement
 - Snack program
 - Dining Program
 - Think Pink and Think Longevity
 - Ambassador Program
- One of five nursing homes, a special focus facility, failed to comply with participation requirements. However, an additional nursing home was added to the Collaborative as an alternate, and it was successful in meeting all requirements as outlined in the participation agreement. Therefore, five total nursing homes were successful in completing conditions of participation as stated in the original goal.
 - Turnover and pressure ulcer improvement outcomes were mixed with some nursing homes showing improvement and some identifying the need for improvement as a result of using the Advancing Excellence measurement tools.
 - As a result of the collaborative, five nursing homes are now actively using Advancing Excellence tools. These five nursing homes have voiced positive comments about the benefits of onsite visits and personal coaching by the facilitator in helping them gain competency in using the tools and, through this experience, they have realized the value of the Advancing Excellence website and Campaign resources.

Lesson Learned:

Great things can be accomplished through collaboration, cooperation, community support and volunteers united by a common vision to advance nursing home excellence.

Barriers or Challenges Experienced:

One special focus facility was unable to meet the requirements for participation. Despite this challenge, if we replicated this Collaborative we would include special focus nursing homes again. However, we would insist on a commitment from senior leadership as a condition of participation.

What's Sharable?

- Contract used to engage nursing homes (Attachment # 1)
- Best practice forms (Attachment # 2)
- QIO coaching on AE tools – this led to a very high success rate of completion

Contact: Liz Prosch, Alabama LANE Convener lprosch@alqio.sdps.org

Arkansas LANE Project: Staff Turnover Reduction

Project Summary:

Reduce staff turnover in nursing homes across the state of Arkansas.

Goal Statement: 50% (or 48) of the 95 Arkansas nursing homes who selected reduce the staff turnover goal will initiate submission of data on staff turnover to the *Advancing Excellence Campaign* with the measurement period of September 1, 2010 through March 31, 2011.

Benchmark/Starting Point: 11 out of 95 (11.6%) homes have submitted staff turnover data to the *Advancing Excellence Campaign* for the period of February through July 2010.

Interventions:

- Email reminders to all nursing homes to submit their staff turnover data every month. The Arkansas LANE created three listservs. List 1: Administrators; List 2: Human Resource, Payroll Personnel/Point of Contact; and List 3: Corporate and Consultants.
- Called those homes identified by the Advancing Excellence Campaign that did not submit monthly staff turnover data to review their individual problems in submitting the data and help to resolve those issues.
- Created a “Reminder Template” to assist nursing homes in meeting data submission timeframe.
- Depending on home’s preference, Email or fax, the Arkansas LANE sent monthly reminders to homes to submit their staff turnover data every month.
- Provided reminders through newsletters and reports.
- Provided articles for newsletters. The first article reviewed Q & As from the Advancing Excellence Campaign related to the calculation of terminations and what constitutes a termination. The second article highlighted information obtained from the monthly reminder calls made and solutions for barriers. The third article reviewed our state’s current progress with meeting Goal 1.
- Posted the Advancing Excellence website information related to Goal 1 on the www.arkansasadvancingexcellence.org website. The posted information included:
 - Implementation Guide
 - Interventions Table: Staff Retention
 - Tool for Calculating Staff Turnover
 - Webinar: Staff Stability: Learn to Manage
 - Your Resources and Improve Staff Retention
 - Fact Sheet for consumers
 - Fact Sheet for nursing home staff members
 - Staff Stability Tool

Results:

As of April 30, 2011, 23 homes or 24% of the original 95 homes had submitted staff turnover data. Although Arkansas did not reach its goal of 48, it did increase the number of homes that shared their selection of Goal 1 from 95 to 113. As of May 1, 2011, a total of 51 homes submitted staff turnover data.

Barriers or Challenges Experienced:

The most challenging barrier mentioned by staff was related to time: homes indicated they were too busy with other activities such as surveys or the implementation of MDS 3.0. Administrators would indicate their agreement to submit, but did not follow through even with individual contact with their designated staff. Other homes felt they did not have a problem with staff turnover and although they selected the Goal, they felt that they had their own monitoring system in place and did not enter data on the Advancing Excellence website. Although Arkansas did not meet its intended goal, this best practice is replicable for other LANEs and could be effective under different circumstances.

What's Sharable?

- Email Reminder template
- Examples of newsletters and articles
- Website: www.arkansasadvancingexcellence.org

Contact: Kim Tackett, Alabama LANE Convener lktackett@afmc.org

California LANE Project: Restraint Reduction

Project Summary:

The aim of the project was to reduce the number of physically restrained residents in California from 5.3% to 4.8%, a relative improvement rate of 9.5%.

Starting point/benchmark: In September 2010, California had the second highest physical restraint rate of any other state. California's restraint rate was 5.3% and the nation was 2.8% based on April 2010 MDS 2.0 data.

Interventions:

The California LANE members disseminated informational tools and best practices to reduce physical restraints using a variety of educational methods, including webinars, learning sessions, site visits, and websites. Below is more information about each method.

Webinars: Three Advancing Excellence webinars were hosted by the California LANE from September 1, 2010 to June 30, 2011. All three webinars touched on the importance of person-centered care in nursing homes, which is an essential message for a nursing home to adopt in order to become restraint free.

- **October 19, 2011—You're a Member of the Advancing Excellence Campaign: Now What? How to Enter, Track, and Trend your Data** - 200+ attendees

Objectives:

- Understand the opportunities for nursing home quality improvement now that MDS 3.0 is implemented and the QI/QM reports are no longer available;
- Recognize and use data tracking tools for the following campaign goals: pressure ulcers, pain, restraints, advance care planning, staff turnover, consistent assignment, and resident/family and staff satisfaction; and
- Understand how to enter data for selected nursing home goals on the Advancing Excellence Web site (www.nhqualitycampaign.org).

- **January 25, 2011—Advance Care Planning Tools and Techniques** - 310+ attendees

Objectives:

- Learn why good end of life care benefits residents, families—and providers;
- Understand the CARE Recommendations to ensure compassion and respect toward the end of life;
- Identify and know how to use best-practice advance care planning tools, including POLST (Physicians Orders for Life-Sustaining Treatment); and
- Learn how to use a tracking tool to monitor the number of your residents with advance care plans in place and trend your data over time.

- **June 30, 2011—Reduce Staff Turnover and Boost Employee Morale** - 489 attendees

Objectives:

- Learn practical ways to boost employee morale and reduce absenteeism and turnover;
- Hear how consistent assignment improves care and resident and staff satisfaction;
- Learn how to implement consistent assignment and track your effectiveness; and
- Identify ways the Advancing Excellence in America's Nursing Homes Campaign can assist you in reducing turnover and implementing consistent assignment.

Learning Sessions: The California LANE hosted a learning session across six geographic areas of the state, including:

- San Diego (February 11), Fresno (February 25), Glendale (March 11), Pomona (March 30), Concord (April 12), and Sacramento (April 22).
- The title of the learning session was *“Transform Your Nursing Home: Create a Great Place to Live and Work”*. The session focused on drug safety, physical restraint and pressure ulcer reduction, and the importance of incorporating resident-centered care approaches to improve quality and safety.
- Over 500 nursing home leaders and staff from over 100 nursing homes, and representatives from the California Department of Public Health attended the events. Restraint reduction resources were distributed at each event, and restraint reduction strategies were referred to throughout the 5-hour learning session at each location.

Site Visits: California LANE members conducted 73 site visits and in-services to nursing homes to discuss restraint reduction strategies from October 1, 2010 to June 30, 2011. Restraint alternatives, myths, tools, assessments and MDS 3.0 coding tips were presented and discussed with nursing home department heads and bedside team members. Restraint committees were started and inspired to increase dignity to residents by removing restraints.

Website: The LANE convener, Health Services Advisory Group (HSAG) of California, Inc. directed nursing homes in the state to physical restraint reduction tools and resources on the HSAG website, <http://www.hsag.com/canursinghomes/restraints/tools.aspx> and the Advancing Excellence website, http://www.nhqualitycampaign.org/star_index.aspx?controls=resByGoal#goal3. The California Association of Health Facilities (CAHF) website has a quality link on restraints, and members’ part of CAHF website has restraint info/operations fall reduction.

Results:

The California LANE is proud to report that California no longer has the second highest physical restraint rate of any other state. It now has the third highest physical restraint rate based off of the 2010 Quarter 3, 2010 scores for all nursing homes. California’s LANE had a plan to obtain the MDS 3.0 physical restraint data from the California Department of Public Health via a website portal; however, this plan did not transpire as hoped. Therefore, the California LANE was not able to provide definitive data to prove that its goal was met in 2011. However, based on the last MDS 2.0 data set it determined that for the time period April 2010 to September 2010, the following:

- The state average for physical restraints is 5.0%; the national average is 2.7%.
- The physical restraint relative improvement rate in California from April 2010 to September 2010 was 5.7%. The relative improvement rate for the nation was only 3.6%.
- 360 California nursing homes have a physical restraint rate of 0%
- 807 California nursing homes have a rate greater than 0%, but less than 4%
- 481 California nursing homes have a rate greater than 4%

Barriers or Challenges Experienced:

The California LANE reports that if it did this project again, it would have been more aggressive about calling and consulting with the nursing homes in the state that have the highest physical restraint rates. The LANE did not know until recently there are a few sites in rural areas of California that still have physical restraint rates of over 50 percent. The California LANE will provide support and education to them moving forward. In addition, the California LANE taught nursing homes how to complete the campaign's tool for tracking physical restraints at site visits and on the campaign webinar on October 19, 2010; however, if it had to do this project again, the LANE members would have been more proactive in urging nursing homes to complete the tool. Feedback from the nursing homes was that the tool was too time intensive to complete.

What's Sharable?

- Slides and materials from learning sessions and site visits
- Website: <http://www.hsag.com/canursinghomes/restraints/tools.aspx>

Contact: Jennifer Wieckowski, California LANE Convener jwieckowski@hsag.com

Colorado LANE Project: Advance Care Planning & Consumer and Staff Recruitment

Project Summary:

The Colorado LANE submitted one proposal with 2 components:

A. Colorado nursing homes that had selected the Advance Care Plan goal will enter data and have care plans for at least 75% of their residents by March 31, 2011. At the starting point there were 161 Colorado nursing homes participating in the campaign (76.7%). Of these, 33 nursing homes had chosen Advance Care Planning and none of the nursing homes had entered any data or had advance care plans in place.

B. Increase Colorado's consumer and staff participation in the Advancing Excellence Campaign by 200%. There were 33 consumers and 61 staff registered at the start of the project.

Interventions:

For Part A: Phone calls to all of the 33 nursing homes, along with follow-up emails, blast fax, flyers, education on how to enter Advance Care Planning Goal data and why it should be done. All active LANE members called designated nursing homes numerous times. Members made efforts to talk with the Advancing Excellence representative, and provide assistance with data input and care plan education.

For Part B: LANE members promoted campaign registration within their nursing homes and at administrative meetings with direct care staff and consumers in addition to phone calls, email, blast fax, flyers, promotional events such as the Colorado Accord and Colorado Health Care Association (CHCA) monthly meetings.

Results:

Part A: The Colorado LANE indicated it did not meet its Advance Care Planning Goal; however, by the end of the project five of the 33 nursing homes had entered their data and had care plans in place. Improvements were achieved.

Part B: The Colorado LANE indicated the direct care staff and consumer registration goal was met. Consumers went from 33 to 99 participants (a 300% increase) and staff went from 61 to 200 participants (a 328% increase). These numbers well exceeded the goal of increasing by 200%. Consumers and staff participation was measured using the Advancing Excellence website.

Replicable Best Practice:

Direct contact was most effective in communicating with the nursing homes and also in communicating the role of staff and consumers with Advancing Excellence.

Barriers or Challenges Experienced:

Part A: The biggest barrier to success was the high staff turnover in the nursing homes. When contacting nursing homes it often was not clear who was assigned to enter data. This resulted in the frequent need for staff to obtain new passwords and receive detailed information about the program.

Part B: There were some barriers with staff regarding education and how they could be a part of Advancing Excellence. Many staff members were unaware of the campaign.

What's Sharable?

- Flyers
- Telephone Script

Contact: Deanna Curry, Colorado LANE Convener dcurry@cfmc.org

Illinois LANE Project: Consistent Assignment Goal Selection and Data Entry

Project Summary:

Twenty-five percent (25%) of the Illinois nursing homes who selected the Consistent Assignment Goal would consistently use the Advancing Excellence Campaign data collection tool as evidenced by entering data on the website quarterly. At the project starting point 40 nursing homes had selected consistent assignment as a goal, with no nursing home having entered data on the website.

Intervention:

Targeted Education: Email/Blast Fax, Webinar and onsite Demonstration including:

- Initial blast fax (September 2010) alerting nursing homes in state. Added links to co-conveners' website. Three email reminder blasts offered onsite assistance/enrollment at three tradeshow from September 2010 to January 2011. Pursued organizational relationships and provided Advancing Excellence overview and goal selection demonstrations.
- LANE Member Stakeholder Conference (1.5 hour presentation).
- Nursing Leadership and Administrator meetings (total of 3).
- Presentation at one Chicago metro nursing home chain.

Results:

Although Illinois did not meet its stated goals, selection for Consistent Assignment increased from 40 nursing homes to 52, and overall enrollment increased from 109 to 125 nursing homes. Seven nursing homes completed Consistent Assignment website data entry by the end of the measurement period.

Barriers and Challenges Experienced:

Illinois nursing homes are often reluctant to join the campaign and many homes have expressed being uncomfortable with reporting data. Although initially there was minimal support for Advancing Excellence, the LANE is evolving and working to re-establish critical relationships. When the grant was proposed, it was based upon a partnership with the Illinois Pioneer Coalition (IPC) targeting the common goal of consistent assignment. The IPC lost funding sources and its ability to support this project became compromised. The QIO remained involved but had competing priorities with LANE tasks (Critical Access Nursing Home Project/Lane Co-Convener) and with QIO work. The Illinois LANE needs more participants as resources to provide attention to promoting enrollment and follow up. The QIO often provided technical assistance and fielded questions about the tool, and often heard feedback that the tool is time consuming and this may have been an influencing factor.

What's Sharable?

- Blast Faxes and Emails

Contact: Lisa Bridwell, Illinois LANE Convener lbridwell@ilqio.sdps.org

Kansas LANE Project 1: Reduce Chronic Pain

Project Summary:

The Kansas LANE sought to reduce the rate of Chronic Pain among Advancing Excellence Campaign participants who chose Goal 5 to 2% or below by March 31, 2011. The starting point was stated as 2.5%.

Interventions:

- Kansas stakeholders collaboratively focused attention on the Chronic Pain measure. This included presentations at conferences, articles in newsletters, emails to participants that included resources such as the archived trainings on the Advancing Excellence site, one-to-one contacts via phone and in-person regarding rates and strategies to assist homes to reduce them.
- Kansas LANE members facilitated implementation of the Advancing Excellence Pain data collection tool to enable providers to track pain in the absence of quality measures. A tracking tool was sent out to each LANE member at the end of each month. Members would document what they did within their association/organization during that month as it related to pain.
- LANE members also made each other aware of opportunities ahead of time so they could help each other promote opportunities. Nursing homes were asked to focus on their pain measure, and track their pain rates, preferably with the Advancing Excellence Pain tool, but they could use their own tool if they so chose.
- The Kansas LANE sent out reminders regarding tracking, and another asking for them to submit their pain rate as of March 31, 2011.

Results:

For the nursing homes that tracked and shared their chronic pain data with the Kansas LANE, their aggregate chronic pain measure was 1.45% indicating that we met the goal. Not having quality measures available to look at the entire group, and having participants who did not respond to our efforts to collect their data, made the results data unreliable. Twenty percent of the Advancing Excellence homes that chose Goal 5 reported. Of those, 0% had implemented the Advancing Excellence Pain tracking tool. When asked what tool they used to track their data, 100% were using a facility tool.

Barriers and Challenges Experienced:

As with other quality improvement efforts, getting responses back from the Nursing Homes was difficult. The group believes that online data submission would have been better, but the group did not have the prep time available to have this up and running prior to this project.

What's Sharable?

- Emails and newsletter articles

Contact: Darlene Smikhal, Kansas LANE Convener dsmikhal@ksqio.sdps.org

Kansas LANE Project 2: Reduction of High Risk Pressure Ulcer Rates

Project Summary:

The Kansas LANE sought to reduce the rate of high-risk pressure ulcer rates among the Advancing Excellence participants who chose Goal 4 to 9% or below by March 31, 2011. The Kansas LANE stated that the starting point was 9.9%.

Interventions:

- Kansas stakeholders collaboratively focused attention on the high-risk pressure ulcer measure. This included presentations at conferences, trade association annual conventions, articles in newsletters, emails to participants that included resources such as the archived trainings on the Advancing Excellence site, one-to-one contacts via phone and in-person regarding rates and strategies to assist homes to reduce them.
- The Kansas LANE facilitated implementation of the Advancing Excellence Pressure Ulcer data collection tool to enable providers to track rates in the absence of quality measures. The LANE sponsored a workshop available through webinar and face-to-face titled “MDS 3.0 Skin Changes.”
- The LANE also sponsored a two-part webinar with Pain Specialist Melanie Simpson as guest speaker.
- The Kansas Department on Aging designated CMP funds to purchase and distribute the Nebraska LANE DVD “Don’t Get Mashed by Pressure Ulcers” to every nursing home in the state.
- The Kansas LANE offered two regional Skin Fairs in October and November for all nursing home staff. Attendance for the two sessions was close to 250 individuals.
- The skin fair also involved third-year nursing students from Baker School of Nursing in Topeka, KS. The students were given booth topics by the LANE, and researched, developed and facilitated the booths. Participants also received training in how to conduct a Skin Fair in their nursing homes. We duplicated the text on the storyboards for each booth, including photos for layout to make duplication at the facility level simple. These are posted on the KFMC website.
- A tracking tool was sent out to each LANE member at the end of each month. Members would document what they did within their association/organization during that month as it related to Pressure Ulcers.
- LANE members also made each other aware of opportunities ahead of time so they could help each other promote opportunities. Nursing homes were asked to focus on their pressure ulcer measure, and track their rates, preferably with the Advancing Excellence Pain tool, but they could use their own tool if they so chose.
- The Kansas LANE sent out reminders regarding tracking, and another asking for them to submit their pressure ulcer rate as of February 28, 2011.

Results:

For the nursing homes that tracked and shared their pressure ulcer data with the Kansas LANE, their aggregate rate was 4.88% indicating that we met the goal. Not having quality measures available to look at the entire group, and having participants who did not respond to our efforts to collect their data, made the results data unreliable. Twenty percent of the Advancing Excellence homes that chose Goal 4 reported. Of those, 7% had implemented the Advancing Excellence Pressure Ulcer tracking tool. When asked what tool they used to collect and track data, the remainder indicated a facility tool.

Barriers and Challenges Experienced

As with other quality improvement efforts, getting responses back from the nursing homes was difficult. The group believes that online data submission would have been better, but the group did not have the prep time available to have this up and running prior to this project.

What's Sharable?

- Nebraska DVD – Available through the Nebraska LANE
- Working with students – booth topics
- Example of emails and reminders
- Skin Fair

Contact: Darlene Smikhal, Kansas LANE Convener dsmikhal@ksqio.sdps.org

Kansas LANE Project 3: Workforce Retention

Project Summary:

The Kansas LANE collaborated with stakeholders to provide 4 regional trainings on Workforce Retention to Advancing Excellence participants who chose Goal 1 and/or Goal 2 by March 31, 2011.

Interventions:

A day-long workshop was offered at no cost, with free CEUs, at four sites across the state of Kansas. The Kansas QIO facilitated planning and implementation of the program that was offered to all Advancing Excellence participating homes who chose Goal 1 and/or Goal 2. Learning objectives included:

- Acknowledge an understanding of the business case for workforce retention as it relates to long-term care;
- Understand practices and interventions that will lead to increased workforce retention;
- Discuss strategies that strengthen and honor care-giving relationships;
- Recognize characteristics of high and low turnover homes;
- Identify, grow and support leaders from within their own organization; and
- Provide a comprehensive educational program that includes a “how-to” guide to stabilize staffing, with practical tools for immediate and long-term use.

Results

A program brochure was emailed to all Advancing Excellence participants selecting Goal 1 or 2. One week later, a blast fax was sent to all nursing homes, and this was followed up by individual calls to each facility. This workshop has been the poorest attended program we have ever offered in the last ten years here at KFMC! Nursing homes would state they intended to come, and then did not register or show at the door. A total of 11 of the 149 homes attended one of the sessions. That was only 7% of the nursing homes who chose Goal 1 or 2 in attendance. We did go ahead and open this conference up to the statewide homes one week out, and they boosted attendance numbers quite a bit. Despite putting together a wonderful training, and offering free CEUs for it, we did not meet our goal. We did meet our goal of putting the program together and offering it in four sites. This program consumed a large amount of resource hours and resources to offer at four separate sites across the state.

Barriers and Challenges Experienced

None identified.

What’s Sharable?

- Program brochure and blast faxes
- Workforce Retention How-To Guide

Contact: Darlene Smikhal, Kansas LANE Convener dsmikhal@ksqio.sdps.org

Maine LANE Project 1: Consistent Assignment Website Data Entry

Project Summary:

Maine's LANE Project 1 focused on having 25% of Maine's nursing homes who selected the Consistent Assignments goal, report and enter data on the Advancing Excellence website. As of the benchmark of September 1, 2010, no Maine nursing homes were entering consistent assignment data into the website.

Interventions:

Education and training were provided one-to-one and in large group settings. Technical assistance and repeat reminder communications served to raise awareness and importance of efforts related to this goal. During the period of January 2011 through May 2011 the LANE conducted the following interventions:

- Email and phone communications to nursing homes who selected this goal advised them of the importance of entering data, included links to website and offered assistance in the data entry process.
- A consistent assignment toolkit was distributed to homes.
- Monthly reminder communications via email and phone along with offers to help homes enter their data.
- The Maine Culture Change Coalition/LANE coordinated a face-to-face training with Tammy Rolfe (Advancing Excellence Field Operations Manager) on the use of the Advancing Excellence consistent assignment tracking tools. Staff from twenty homes attended. A second training was conducted by the Maine CCC/LANE President to twenty-four additional homes.
- The Maine Culture Change Coalition /LANE continued to dialogue with nursing homes in Maine about the important link between culture change implementation and consistent assignment and the valuable link between culture change coalition activities and Advancing Excellence Campaign activities.

Results:

As of June 18, 2011, 36.4% of Maine nursing homes who selected the Consistent Assignment goal reported their data on Advancing Excellence website. The goal was met and exceeded.

Barriers and Challenges Experienced:

The planned training in February was cancelled and rescheduled due to weather; this required an extension for the project. The other challenge was a lack of time and knowledgeable LANE members to provide training and technical assistance to homes. If we did this again, we would ensure we have more LANE members with the necessary knowledge about the Campaign to offer assistance in a timely manner.

What's Sharable?

- Personal Contact in person or by phone with 1:1 technical assistance
- Consistent Assignment Toolkit

Contact: Holly Harmon, Maine LANE Convener holly.harmon@lchcare.org

Maine LANE Project 2: Reducing High Risk Pressure Ulcers

Project Summary:

Maine's LANE Project 2 sought to reduce high-risk pressure ulcer quality measure rates in Maine by 0.5%, with the starting benchmark of 9.5% taken from the first quarter 2010 Quality Measure (QM).

Interventions:

- The Maine LANE raised awareness and heightened the importance of pressure ulcer reduction through focused communication, education and collaboration with other initiatives within Maine.
- In 2010, two representatives from the Maine LANE engaged with the newly formed Maine Pressure Ulcer Prevention Collaborative.
- The Maine LANE promoted activities, best practices and education through Maine Health Care Association communications.
- In January 2011, an updated list of local wound- and ostomy- certified nurses was distributed by the LANE to all Campaign registrants.
- In April 2011, training was conducted on use of the Advancing Excellence pressure ulcer tracking tool at a LANE meeting and educational session which was offered to all registrants.
- Ongoing education was provided through the Maine LANE about links between culture change implementation and improved quality measures.

Results:

The QM for the third quarter 2010 indicated a rate 8.2%, a reduction of 1.3%

Barriers and Challenges Experienced:

Initially, it was challenging to identify how the LANE would best work with the Pressure Ulcer Prevention Collaborative to be complementary and not create inefficiencies. However, the groups engaged effectively over time.

What's Sharable?

- Collaboration with a state-wide pressure ulcer collaborative across settings;
- Targeted education on use of the Advancing Excellence Campaign Pressure Ulcer Tracking Tool; and
- Compilation and distribution of contact information for all Maine Wound- and Ostomy- Certified nurses to all nursing homes in Maine

Contact: Holly Harmon, Maine LANE Convener holly.harmon@lchcare.org

Maine LANE Project 3: Staff Turnover Campaign Website Data Entry

Project Summary:

Maine's LANE Project 3 focused on having 50% of Maine's nursing homes who selected the Staff Turnover goal, report and enter staff turnover data on the Advancing Excellence website. As of the benchmark of September 1, 2010, no Maine nursing homes were entering staff turnover data into the website.

Interventions:

Education and training were provided one-on-one and in large group settings. Technical assistance and repeat reminder communications were also utilized to raise awareness and importance of efforts related to this goal. During the period of January 2011 through May 2011 the LANE conducted the following interventions:

- Email and phone communications to nursing homes who selected this goal to advise them of the importance of entering data and links to website and with offers to assist in the data entry process.
- A staff stability toolkit was distributed to homes.
- Monthly reminder communications via email and phone along with offers to help homes enter their data.
- The Maine Culture Change Coalition/LANE coordinated a face-to-face training with Tammy Rolfe (Advancing Excellence Field Operations Manager) on the use of the Advancing Excellence Staff Turnover tracking tool. Staff from twenty homes attended. A second training was conducted by the Maine CCC/LANE President to twenty-four additional homes.
- The Maine Culture Change Coalition /LANE continued to dialogue with nursing homes in Maine about the important link between culture change implementation and staff turnover and the valuable link between culture change coalition activities and Advancing Excellence Campaign activities.

Results:

As of June 18, 2011, 55.8% of Maine nursing homes who selected the Staff Turnover goal have reported their data on the Advancing Excellence website. The goal was met and exceeded.

Barriers and Challenges Experienced:

The planned training in February was cancelled and rescheduled due to weather; this required an extension for the project. The other challenge was a lack of time and knowledgeable LANE members to provide training and technical assistance to homes. If we did this again, we would ensure we have more LANE members with the necessary knowledge about the Campaign to offer assistance in a timely manner.

What's Sharable?

- Personal Contact in person or by phone with one-to-one technical assistance
- Staff Stability Toolkit

Contact: Holly Harmon, Maine LANE Convener holly.harmon@lchcare.org

Michigan LANE Project 1: Pain Management

Project Summary:

Michigan's LANE Project 1 focused on improving use of the Advancing Excellence Pain Tool and Resources through an educational program tailored to nursing home staff.

Twenty-five percent of Michigan nursing homes were participating in Phase 2 of Advancing Excellence. These homes were asked to send at least one representative to a June 2011 event that included three presentations on pain management and a half day presentation on the Advancing Excellence campaign with an overview of the Michigan LANE members and stakeholders.

Interventions:

- Education was provided as outlined above.
- The LANE tracked attendance and correlated this to the list of Phase 2 participating nursing homes.
- The Michigan LANE partnered with a State trade association (HCAM) to provide the marketing and oversight of the event. The session was marketed to all nursing homes in Michigan, not just Advancing Excellence participants.
- The pricing for the event was structured to be less expensive for current Advancing Excellence participants, including a "two for one" price structure.

Results:

While the LANE did not meet its goal, a total of 71 people, including speakers, attended the education event on June 15, 2011. The total number of Michigan nursing homes participating in Advancing Excellence was 197; twenty-five percent would have been 49 nursing homes. An audit of the final attendance list showed that 26 (13%) Michigan Advancing Excellence participating nursing homes were represented.

Barriers and Challenges Experienced:

Low attendance was viewed as a barrier. The goal was for 200 participants with two levels of education related to pain management. Training groups were combined because of the low registration numbers. It is a challenge to ask nursing homes to send staff out for training, especially direct care-givers.

What's Shareable?

- Educational curriculum for the June 2011 Pain Education Program (Attachment #3)

Contact: Audrey Stob, Michigan LANE Convener astob@mpro.org

Michigan LANE Project 2: Resident & Family Satisfaction Website Data Entry

Project Summary:

Michigan's LANE Project 2 focused on improving data entry of Resident and Family Satisfaction with a goal of 50% of the nursing homes selecting Goal 7 entering data.

The starting point was November 1, 2010. Although 104 of the Michigan Advancing Excellence participating nursing homes had selected Goal 7, only two nursing homes had actually entered data for Goal 7 at that time.

Interventions:

- Emails were sent to all Michigan Advancing Excellence participants with an offer to provide education on how to enter data.
- Phone calls were made and follow-up emails were sent to nursing homes that had allowed the LANE to view their goals and had selected Resident and Family Satisfaction as a goal.
- An educational event on June 15, 2011 included information on how to enter data. Ninety follow up calls were made in January and February 2011. In June, 93 nursing homes were called to assist with entering data and encourage participation in the June 15th education event.
- A total of seven email blasts were sent to 256 Advancing Excellence participants dating from November 2010 forward regarding the campaign, assisting with entering data and also for the educational conference that also highlighted entering data.
- Campaign decals were mailed to the Advancing Excellence participants, and a congratulatory letter was sent to the 105 Campaign charter members in November 2010 that also urged them to enter data.

Results:

As of June 30, 2011, 107 of the Michigan Advancing Excellence participating nursing homes had selected Goal 7. Although the LANE did not meet its goals, nineteen nursing homes (17.8%) entered data for an overall 15.8% improvement. The national average for entering data for Goal 7 is 4.2%.

Barriers and Challenges Experienced:

Personal contact appears to be the best way to influence nursing home behavior. Many homes had staff turnover, did not remember their passwords or did not return our calls.

What's Shareable?

- Personal contact – in person or by phone – with one-on-one technical assistance
- Advancing Excellence decals and letter designed by the Michigan LANE

Contact: Audrey Stob, Michigan LANE Convener astob@mpro.org

Minnesota LANE Project: Consistent Assignment Data Entry & Registration

Project Summary:

Minnesota's LANE focused on improving Consistent Assignment data entry with a goal of increasing it by the homes selecting this goal from 0% to 25%. At the start of the project, none of the 29 Minnesota homes that chose Goal 2 and had agreed to share their goals with the LANE were measuring consistent assignment data using the Advancing Excellence tracking tool and submitting the data on the Advancing Excellence website. A secondary goal was to increase the number of Minnesota nursing homes registered for the Advancing Excellence Campaign. At the start of the project, 42% of the nursing homes in Minnesota were registered for the Advancing Excellence in America's Nursing Home Campaign.

Interventions:

- The primary goal (data entry) intervention was to call contacts at nursing homes working on the consistent assignment goal that had not submitted any data according to website tracking data.
- Secondary goal (recruitment) intervention was for Stratis Health, Care Providers of Minnesota and Aging Services of Minnesota (as co-conveners) to develop a work plan using a multi-faceted communications strategy to reach nursing homes that had not registered for the current phase of the Campaign.
- Interventions were implemented through personal phone calls, in-person communications, and email communications with Minnesota providers and stakeholders.

Results:

Eight of the 29 (27.6%) nursing homes that chose Goal 2 and agreed to share their goals with the LANE submitted at least one month of consistent assignment data in the Advancing Excellence website.

By increasing communications with nursing homes statewide, the LANE was able to increase the number of Minnesota nursing homes registered for the campaign from 164 (42%) to 174 (45.2%). The LANE indicated it continues to work on reaching at least 48% registration in continued communications with Minnesota providers.

The most effective practice reported was personal and frequent phone calls. Personal conversation was essential in helping providers understand the definition of consistent assignments and how to measure the number of caregivers caring for each resident per week. As providers began using the tool, it was usually necessary to have several follow-up calls to answer questions about how to use the tool and submit the data.

The LANE also found it very important to talk to the right person when assisting the nursing homes with completing the consistent assignment tool. Working with the scheduler who has the information necessary to complete the tool was often optimal. Also, it was found to be easier to get nursing homes to use the consistent assignment tool if they started with a small unit or just a portion of a unit. It was

much less overwhelming to them if they felt they did not need to start implementing this tool facility-wide. The most effective practice found in registering homes in the Advancing Excellence Campaign was physically assisting them in person with registration, i.e. walking them through each step.

Barriers and Challenges Experienced:

Barriers identified included difficulty getting in touch with the decision makers at the nursing homes (with regard to entering data in the consistent assignment tool), and difficulty conveying the “urgency” of why to register for the campaign and/or track and submit consistent assignment data. The LANE felt this is an extremely important and valuable campaign and in conveying this importance to providers, they were careful to keep in mind and balance the existing positive relationships with the Minnesota providers and to not damage those relationships with too much pressure or making the Campaign seem “required”.

In addition to the barriers we experienced, Minnesota homes are experiencing barriers as well, as mentioned below. This project provided an opportunity to talk with many homes about the consistent assignment tracking tool as well as their experiences with implementing consistent assignments in general. When a barrier was conveyed, LANE members helped the nursing home staff work through that barrier or were put in touch with a peer to discuss the barrier and think through possibilities.

Barriers providers shared in implementing consistent assignments in general include:

- Staff burnout—they report getting tired of caring for the same residents all the time, particularly if they are physically or behaviorally challenging;
- “staffing issues” including frequent call-ins, turnover, lots of part-time staff;
- Staff concerns regarding “who will know the residents on our assignment when we are gone on vacation?”; and
- Registered staff get tired of working with the same group of caregivers all of the time.

Barriers providers shared in using consistent assignment tracking tool and/or submitting the data include:

- Consistent assignment tool is “too complicated,” “too overwhelming” or “too cumbersome”;
- Consistent assignment tool “takes extra time which we do not have”;
- Unable to open the tool due to a “web washing” setting on their computer;
- Unable to view the consistent assignment video on the website because their computer security system did not allow it to be downloaded;
- Small nursing homes felt they could track this information without using the tool;
- Users forgot their usernames and/or passwords when they were ready to submit the data;
- After completing the tracking tool the information did not automatically calculate the scores for submission (they needed to save the document first for it to calculate); and
- Some nursing homes completed the tool and then thought that the information would be automatically submitted.

Barriers providers shared regarding registering for the campaign:

- Didn't know what the Advancing Excellence Campaign was;
- Didn't know their username and password to reregister for Phase II of the campaign;
- Didn't want to register for another thing – too much data already and they don't have enough time for another initiative; and
- Were willing to register but needed to talk to others to select goal so their registration was not complete.

Minnesota providers suggest the Advancing Excellence Campaign simplifies the Consistent Assignment Tracking tool.

What's Shareable?

- Personal contact, in person or by phone, with one-on-one technical assistance for both use of the Consistent Assignment tool and Registration
- Advise nursing homes to use the Consistent Assignment tool with smaller units or neighborhoods so as not to overwhelm staff using the tool

Contact: Kristi Wergin, Minnesota LANE Convener kwergin@stratishealth.org

Missouri LANE Project: Staff Stability Education & Best Practices

Project Summary:

Missouri's LANE focused on educating and improving staff stability using the following strategies:

- Conducted ten educational sessions across the state on staff stability attended by 500 individuals and 100 nursing homes.
- At the close of the sessions, the individuals attending completed a post-test, scoring in aggregate 80% correct answers that debunk the common myths of staff stability.
- From these sessions, the LANE is compiling and producing for distribution to all Missouri's nursing homes a compendium of staff stability best practices that includes at least 15 successful and replicable case studies.

The LANE indicated awareness of the detrimental effects of staff turnover. Some nursing homes hold onto outdated management principles, refuse to share authority beyond management and have inflexible expectations of front line staff. The LANE felt these myths of staff retention continue to hold homes back from achieving their maximum performance. The goals are all designed to raise visibility of this issue with local sessions on staff stability. During these sessions, myths of staff turnover were debunked and the groundwork was laid for participating homes to use the Advancing Excellence website resources. The LANE also sought to gather successful staff stability interventions used by homes regarding staff recruitment, hiring, welcoming, attendance, scheduling, consistent assignment, staff development, benefits of positive leadership. These case studies include the home's practical step-wise approaches to their practice.

Interventions:

- Seminars sponsored by the Missouri LANE partners;
- A pre- and post-test with accompanying Fact Sheet; and
- A contest to solicit staff stability practices.

Fourteen (14) seminars were offered in seven locations. Seminars varied in length and content, but all focused on staff retention. Each partner was provided the flexibility to develop its own agenda, advertise and conduct the session. The Department of Health and Senior Services advertised all the sessions on its website and via its regular e-newsletter, and the QIO sent the information to all Advancing Excellence members. All sessions offered nursing home administrator continuing education units.

The common elements between seminars were the pre- and post -test as well as the myth sheet. These materials were developed by the Missouri LANE members using the staff stability resources on the Advancing Excellence website. During the session, the presenter covered the aspects of the Fact Sheet and then the post-test was administered at the close of the session. The post-test had the same questions as the pre-test; however, the questions were not in the same order. The Fact Sheet was given

to participants as they all went through the post-test to grade it. These documents are available to interested parties.

The Missouri LANE found it difficult to gather staff retention practices during the seminars. Many times, the homes felt their practices did not warrant mention. Additionally, the seminar was not the best venue to collect the level of information needed to provide a replicable approach. The LANE members decided to use the \$500 award we had received (an AE recruitment incentive) as an incentive for a statewide contest with \$125 going to the homes that submitted the top three practices. In the end, the group received 21 applications. The group plans to widely distribute the document in July 2011 with the links to the staff stability toolkit and reporting documents.

Results:

At the conclusion of our project we had 515 attendees representing 285 nursing homes at our 14 sessions. On average our post-test knowledge level was 95% versus 82% for the pre-test. We received 21 best practices and are in the process of editing and printing them for distribution.

Barriers and Challenges Experienced:

Looking back, it would have been interesting to see how a webinar on this topic would have been received by the homes. It would also be interesting to find a way that would successfully engage homes in an ongoing conversation among themselves where they share best practices or tips with each other. The QIO has attempted a blog with the tips that the Missouri LANE distributes monthly but have had no homes participating. If we could find a social media approach that could garner the attention of homes and excite them, this could further promote staff stability practices.

The staff stability/retention practices were much more resource intensive than we thought it would be. It required considerable work on the LANE members to gather more information and on the part of the QIO to edit and format the document. However, it is our hope that the final product will generate enthusiasm and interest in the Advancing Excellence website's tools.

What's Shareable?

- Staff Retention Fact Sheet (Attachment #4)
- Staff Retention Pre and Post Tests (Attachment # 5-6)
- Call for Best Practice and Submission Forms (Attachment #7)
- Best Practice compendium of practices from 15 nursing homes in Missouri – Large Document sent to each LANE Convener under separate cover

Contact: Carol Scott, Missouri LANE Convener carol.scott@dhss.mo.gov

Nebraska LANE Project: Recruitment and Pain Management Education

Project Summary:

Nebraska's LANE focused on increasing registration from 62% to 67% and providing regional trainings on pain management of the long-term stay resident.

Interventions:

- Efforts to increase recruitment of nursing homes focused on phone calls, e-mail messages, presentations and exhibit shows.
- We offered two pain trainings as part of two healthcare conferences in the state – the Nebraska Health Care Association Annual Convention and CIMRO of Nebraska's Healthcare Quality Forum. At both trainings, the Advancing Excellence Campaign goals and benefits were shared with attendees. LANE members discussed the Advancing Excellence tools, Campaign website and assistance offered by the LANE. Nebraska resources were shared and nursing homes were encouraged to register.

Results:

As of June 30, 2011, 70.3% of Nebraska nursing homes are enrolled in the Campaign. Approximately 44 persons attended the first pain presentation and 53 persons attended the second pain training. The evaluation scores and comments were very positive.

Barriers and Challenges Experienced:

Should have allowed more time for Dr. Malloy to present at the Nebraska Healthcare Quality Forum, the first pain training.

What's Shareable?

- Personal contact, in person or by phone, with one-to-one technical assistance for registration
- Educational curriculum for the Pain Education Program (Attachment #8)

Contact: Keri McDermott, Nebraska LANE Convener kmcdermott@neqio.sdps.org

New Jersey LANE Project 1: Advance Care Planning (ACP)

Project Summary:

New Jersey's LANE focused on increasing knowledge of Advance Care Planning (ACP) by having 50% of the Phase 2 Advancing Excellence New Jersey registered nursing homes participate in a training session on Advance Care Planning. At the starting point 55 New Jersey nursing homes had selected ACP as one of their goals. The LANE's belief was that meaningful end-of-life conversations between nursing home staff and residents are an essential part of Advance Care Planning.

Sub-goals:

- Increase the New Jersey selection of Advance Care Planning to above 8th in the goal selection ranking status of New Jersey nursing homes enrolled in Phase 2 of the Advancing Excellence Campaign;
- Fifty percent of the New Jersey nursing homes selecting the Advance Care Planning goal in the Advancing Excellence Campaign will attend the training workshop; and
- Eighty percent of New Jersey nursing homes enrolled in the Advancing Excellence Campaign attending the education session will have increased their knowledge on ACP and the Advancing Excellence ACP data tool. Knowledge will be evaluated at the session by a pre/post test on Advanced Care Planning to measure the increase in knowledge.

Interventions:

The NJ LANE used the following collaborative approach to achieve Goal 2:

- Face-to-face educational session for providers participating in the campaign to achieve these goals. This session was offered at three different sites across the state (north, central and south).
- The New Jersey LANE convener contacted other states working on the ACP goal (Washington and Colorado) and spoke with the conveners of these states via conference call. The information obtained in these calls was shared with the entire NJ LANE.
- The New Jersey LANE members offered their locations/sites free of charge (cost only for food). The agenda was drafted and assignments were given to a committee of eight members to arrange for speakers and continuing education credits, confirm sites, invitations, contact listings and meeting materials.
- This committee met via conference call at frequent intervals to keep everyone informed. In addition the committee communicated with all members of the New Jersey LANE to report on the workshop progress.
- To keep the cost of the educational sessions down, LANE members were able to convince speakers to donate their time. There was a reasonable fee to attend the workshops; however, as a courtesy to our providers who donated their sites, site staff was not charged a fee to attend. Food was provided at a nominal cost.

Results:

- By May 1, 2011 the ACP goal had improved in the selection ranking from 8th to the 5th ranking in goal selection by New Jersey nursing homes.
- Greater than 50% of the providers selecting ACP as a goal attended the ACP workshops. Of the 55 nursing homes selecting ACP as a goal, 30 nursing homes attended the ACP workshops. In fact there were 80 participants at the workshops.
- Greater than 80% of the attendees demonstrated an increased knowledge of ACP. Based on the pre/post test evaluations 90% of those attending increased their knowledge. Test scoring indicated a 20% increase (per individual test score) of the attendees.

Barriers and Challenges Experienced

- Coordination of speakers, sites and attendees was difficult for these workshops due to scheduling and other priorities.
- The New Jersey LANE is a volunteer organization and the cost of developing a workshop with an organization that has no funding available is a definite challenge.
- Contact information had changed and not been updated by the nursing homes, in the period since the nursing homes had registered for Phase 2 of the Advancing Excellence Campaign.
- Contact information for providers listed in the Advancing Excellence Campaign website was not always the most appropriate person to receive an invitation to an educational session of this type. In addition to nurses, the LANE also targeted social workers to be in attendance at this ACP workshop.

What's Shareable?

- Educational curriculum for the Advance Care Planning Program (Attachment #9)
- Pre- and post- test for knowledge measurement of Advance Care Planning

Contact: Dolores Viotti, New Jersey LANE Convener dviotti@njgio.sdps.org

New Jersey LANE Project 2: Increase Nursing Home Campaign Registration

Project Summary

New Jersey's LANE focused on increasing nursing home participation in the Advancing Excellence in America's Nursing Homes (AE) Campaign by 50% of the active participants currently participating in Phase 2 of the Advancing Excellence Campaign by May 31, 2011. Baseline on December 1, 2010 consisted of 83 New Jersey nursing homes registered and participating. The New Jersey LANE was charged with increasing the number of Phase 2 Advancing Excellence campaign participants by at least 42 additional nursing homes.

Intervention

New Jersey LANE's strategy was to use a collaborative approach to recruitment. LANE members agreed to the goal of increasing participation, and all members agreed to contact providers. Specifically our LANE membership implemented the following interventions to achieve the recruitment goal:

- The New Jersey LANE encouraged all Phase 1 participants who had not yet registered for Phase 2 to fully register for the Advancing Excellence campaign.
- Two corporations (CareOne and Genesis Healthcare) agreed that all of their healthcare centers would register and actively participate in the Advancing Excellence Campaign. These corporations also agreed to encourage the selection of Goal 6 –Advance Care Planning as one of the three targeted goals for each of their centers.
- A template e-mail message was developed for use by the three provider associations. This was shared with all LANE members and then sent to all New Jersey nursing homes to encourage participation and increase recruitment. Phone calls were made and individual e-mails were sent by the associations statewide and to individual members.
- Association members were encouraged to register as a participant in the campaign at all association membership and educational meetings.
- The QIO sent recruitment e-mails, made in-person visits to 9th Scope of work providers and provided technical assistance to providers related to their passwords, goal selection and target setting.
- The survey agency put a recruitment message on the MDS information page encouraging the nursing homes to actively participate in the Advancing Excellence Campaign.
- The geriatric nurses association encouraged members to actively participate in the Advancing Excellence Campaign at its regional meeting.
- All other LANE members met with providers at different meetings and encouraged participation in the campaign.

Results:

The goal of 125 registrations was achieved and exceeded. By May 31, 2011 the New Jersey participation reached 131 providers. The number of New Jersey participants has since increased. The current participation number is now 134.

Barriers and Challenges Experienced:

- Contact information had changed and had not been updated by the nursing homes, in the period since the nursing homes had registered for Phase 1 of the Advancing Excellence Campaign
- Competing priorities by nursing homes during the recruitment period to include the implementation of the MDS 3.0
- Availability of computer access for appropriate staff to access the Advancing Excellence Campaign website.

What's Shareable?

- A planned, well coordinated, multi-prong approach to encouraging campaign registration
- State Survey Agency message encouraging registration and participation in the Campaign
- Use of corporate contacts to promote registration
- Sample Recruitment Letter (attachment # 10)

Contact: Dolores Viotti, New Jersey LANE Convener dviotti@njqio.sdps.org

New York LANE Project: Increase Nursing Home Campaign Registration

Project Summary:

New York's LANE focused on increasing Phase II Campaign participation to 25% and to urge those nursing homes to select Goal 4, Pressure Ulcers, as one of the required clinical goals, one other goal related to advancing person-centered care or culture change, and a third goal of the organization's choice. The registration starting point was 19.6% participation.

Interventions:

Improved recruitment efforts, including assistance with setting goals using the following interventions:

- The Empire Quality Partnership (Partnership) promoted Advancing Excellence (AE) participation and resources in five Gold STAMP regional conferences on pressure ulcer improvement held in partnership with the New York State Department of Health (DOH).
 - AE national staff presented at the New York City session.
 - Set up an Advancing Excellence station to register and answer questions.
 - Educated conference participants on Advancing Excellence and the benefits of joining Phase II Campaign.
- Facilitated a pilot Learning Collaborative with LANE, the Quality Care Community, supported by the Centers for Medicare & Medicaid Services (CMS) and the Pioneer Network. Nursing home participation involved the following activities:
 - Membership in Phase II Campaign and data submission on Advancing Excellence goals.
 - Participation in initial conference where national staff introduced AE, its resources, and updates.
- Periodically updated the Partnership's website (www.empirequality.org), with resources developed through the Gold STAMP program and person-centered care, and those endorsed by AE.
- Monthly recruitment communications from four nursing home associations. Every communication promoted one of several quality areas including pressure ulcers, person-centered care, quality measures, quality improvement, resident/family satisfaction, consistent assignment, and new/updated resources.
- Created and distributed a year-end newsletter.
- Bi-weekly recruitment phone calls and follow-up to nursing homes with incomplete registration for Phase II Campaign.

Results:

New York State LANE co-conveners, the Empire Quality Partnership, recruited 31 nursing homes within the 9-month period (October 2010 – June 2011) of the Accelerating LANE Performance Challenge. By June 30, 2011, New York State increased participation and met proposed goal of 25% (24.6%) participation.

Additionally, by June 30, the top three goals selected by nursing homes were consistent with proposed targets (noted above), as follows:

1. Pressure Ulcers
2. Pain
3. Resident/Staff Satisfaction

Barriers and Challenges Experienced:

Some recruitment challenges were as follows:

- Identifying the appropriate contact person who will lead this effort in an organization.
- Staff turnover including primary and secondary contacts that initiated but did not complete registration.
- Resource limitations in convening and facilitating a team within an organization for goal selection.
- Members feeling lack of need and urgency to be part of the Campaign, with a sense they are doing well in clinical indicators (other than pressure ulcers) in New York compared to other states.

What's Shareable?

- Use of existing events and programs to promote registration and use of Campaign tools

Contact: Kathyn Santos, New York LANE Convener ksantos@cclcnny.org

Wisconsin LANE Project: Improving Use of the Campaign Pain Tracking Tool

Project Summary:

Wisconsin's LANE focused on having 33% of the 65 Wisconsin Advancing Excellence enrollees participate in a Pain Pilot using the AE data tracking tool. At the start of the project September 1, 2010, none of the enrollees who chose the pain goal were using the AE Pain data collection tool.

Interventions:

The Wisconsin LANE encouraged the use of informatics to alleviate the issues of increased pain in nursing homes. The AE Pain data collection tool appeared to be a useful tool that would provide quality improvement in this quality indicator area. The following is a list of implemented strategies:

- Members of the LANE contacted each enrollee that chose the pain goal as one of three Advancing Excellence goals. Contact included an e-mail with an explanation about the Advancing Excellence Pain Data Tool, where to find it, why to use it, and a time frame for the pilot.
- Each participating facility was sent a copy of the Advancing Excellence Pain Data Tool.
- The Wisconsin LANE provided an incentive to participants to try the Advancing Excellence Pain Data Tool. In return for providing proof of use and review of the tool, the participants received an exclusive invitation to attend a webinar highlighting the Advancing Excellence Pain Data Tool, how to use it, and the reason to use data to drive each facility's initiative to reduce pain.
- Each participating facility faxed the completed data summary sheet from the Advancing Excellence Pain Data Tool to the LANE. The completed data summary sheets provided proof of use. In order to protect specific member data, we asked only for the data summary sheets, which give numbers and not names. Faxing the data summary sheets was the most efficient and safe method for submission of this information.
- The Wisconsin LANE tabulated results on a spreadsheet including each participating facility name, contacts, if the data summary sheets were received as promised, and any comments.

Results

The Wisconsin LANE exceeded its original goal of 33% by another 13%, as 30 of the 65 nursing homes (or a total of 46%) choosing the pain goal participated in the pilot. As noted in the Implementation description, each facility had to prove participation through the use of the Advancing Excellence Pain Data Tool and then fax its completed data summary sheet to the LANE.

Of particular interest, one of the 30 nursing homes verbalized its dissatisfaction with the tool. After reviewing the tool, it stated it did not see the value in further tracking on the AE Pain data collection tool as this method appeared to duplicate tracking based on the MDS 3.0. This nursing home continued to be considered in our pilot because it was able to clearly share details about the tool and why and how it formed its opinion. Although its use may have been brief, LANE members felt the nursing home's review of the tool was thorough and its ultimate opinion valid.

With the absence of quality indicator data at this time, nursing homes need to continue to find innovative ways to monitor their quality improvement processes. Due to lack of time cited as a barrier by nursing homes, there is a need to encourage and educate healthcare providers on the value of manual data collection. The Wisconsin LANE felt that combining the AE Pain data collection tool with collaboration opportunities including the availability of quality improvement consultants to answer questions was helpful.

Participating nursing homes welcomed the opportunity to network with others in their field. Wisconsin Advancing Excellence participants appeared to want to have a forum to engage with others about the Advancing Excellence goals, and the time spent to engage the nursing homes was minimal.

Barriers and Challenges Experienced:

It might be helpful to create a document that allows participants to sign up to be contacted by others. Another suggestion would be to ask each nursing home that participated in the free teleconference to send in one question that is a barrier for their quality improvement process or is a need for information regarding that particular area of informatics. One of the participants did send in questions, which was helpful for the presenters. However, when it came time for participants to ask questions, they did not. Also, not all participants completed an evaluation of the teleconference. It may be helpful instead to create an evaluation of the actual pilot and not just of the teleconference.

What's Shareable?

- Use of an incentive (Free Webinar Attendance) promoted use of the pain tracking tool
- Personal Contact, in person or by phone, with one-on-one technical assistance on tool use
- Accountability of submission of pain tool via fax to demonstrate use of tool

Contact: Mary Funseth, Wisconsin LANE Convener mfunseth@metastar.com

Wisconsin's LANE Project 2: Increase Nursing Home Campaign Registration

Project Summary

Wisconsin sought to enroll an additional 25% of the state's 173 non-participating nursing homes by March 31, 2011 – an additional 43 nursing homes. The new recruitment phase to increase enrollment began on July 31, 2010. The increased enrollment provided more opportunities for participating Wisconsin nursing homes to network through regional locations due to their mutual association with the Advancing Excellence (AE) campaign, and supported knowledge sharing as enrollees worked on similar goals and enhanced care in more nursing homes across the state of Wisconsin. The Wisconsin LANE utilized the WI Division of Quality Assurance master list to identify facility names, counties of origin, and contact information to help determine areas of need for future recruitment.

Intervention

The Advancing Excellence Lane Steering Committee created five Regional Train and Recruit events to train existing enrollees to improve their participation and gain their support in promoting the importance of Advancing Excellence initiative. The regional events were also open to all Wisconsin nursing homes to provide an opportunity to recruit new participants.

After the regional events, the LANE completed an intense enrollment phase. Follow-up efforts were made with all regional event attendees that did not immediately sign up for AE. LANE members also contacted nursing homes that did not attend the regional events. All nursing homes requesting enrollment process navigating assistance were given the opportunity to work with the WI LANE convener.

- The Wisconsin LANE planned regional recruitment events.
- Flyers were sent to all Wisconsin nursing homes containing regional location and event information. These were sent out approximately one month prior to the first event; e-mail alerts continued every two weeks and ended two weeks prior to last event date.
- The Wisconsin QIO, serving as Advancing Excellence LANE Co-convener, acted as the main "contact" for registration administration and organized and participated as the Master of Ceremonies at each event.
- The Wisconsin Advancing Excellence LANE contact as well as other regional associates attended these events. Success stories were shared by those using Advancing Excellence resources. Attendees received training opportunities as they were "walked" through the Advancing Excellence website; they also discussed where to start and how and where to find resources.
- The Wisconsin Advancing Excellence LANE contact provided ongoing support by attending all nursing home related conferences and by bringing a laptop to sign up nursing homes immediately upon receiving the declaration of participation.

- The Wisconsin Advancing Excellence Steering Committee made personal phone calls to nursing homes throughout the Advancing Excellence challenge period.
- The Advancing Excellence LANE contact made personal phone calls to nursing homes and provided on-the-spot sign-up in the last months of the Advancing Excellence challenge period.

Results:

The Wisconsin LANE exceeded its goal of 43 new enrollees by reaching 47 nursing homes. Due to the awareness created by the train and recruit events in Wisconsin and the intense enrollment drive, the group anticipates it will continue to increase Advancing Excellence enrollment as time goes on. A concerted effort will be made by LANE members to follow up with a number of nursing homes that verbally committed to enroll by March 31, 2011, and did not follow through, and those who previously gave their verbal commitment as well as those who chose not to participate, to encourage enrollment of all Wisconsin nursing homes in the campaign.

The LANE identified that most of the past and current enrollees noted they had not fully participated in Advancing Excellence due to a lack of time to review resources and/or a lack of understanding on navigating the Advancing Excellence website. This information drove the initiative to have regional events to train and recruit. Participants were then able to communicate to the Wisconsin LANE and to other colleagues the value of participation and the wealth of available Advancing Excellence resources. Participants stated the regional events were of great value, and they have requested additional event offerings to focus on specific Advancing Excellence goals.

A suggested best practice would be to have committee members call nursing homes that are not enrolled and offer to sign them up over the phone. This on-the-spot enrollment practice got their attention, saved them time, and they felt they had nothing to lose.

Barriers:

None identified.

What's Shareable?

- A planned, well coordinated, multi-prong approach to encouraging campaign registration

Contact: Mary Funseth, Wisconsin LANE Convener mfunseth@metastar.com



Alabama Local Network for Excellence

LANE Partners

- Alabama Nursing Home Association
- Alabama Department of Public Health
- AQAF
- Alabama Ombudsman's Office
- Alabama Medical Director's Association
- University of Alabama Center for Mental Health and Aging
- Alabama Coalition for Culture Change

Participating Nursing Homes

- Highlands Health & Rehab of Scottsboro
- Mount Royal Towers
- St. Martins in the Pines
- South Haven Health & Rehab Center
- Westside Terrace Health & Rehab Center



The Alabama Coalition for Culture Change (ACCC), in support of the Advancing Excellence Campaign, is pleased to facilitate and fund this quality improvement collaborative in cooperation with all LANE partners.

HATCH: Holistic Approach to Transformational Change: A Quality Improvement Collaborative

Objective: Initiate sustainable change in organizational/nursing home culture and care delivery systems that will enhance the provider's ability to reduce turnover and improve clinical performance in the prevention of in-house acquired pressure ulcers

Participation Agreement: The nursing home provider agrees to participate in a 6-month culture change collaborative beginning January 1, 2011 and ending on June 2011 incorporating the following goals:

1. Adopt and deploy one new, innovative workforce -focused or resident-centered practice as evidenced by submission of a deliverable best practice summary describing the innovation and the measurable outcomes
2. Collect, track, trend and report turnover data for registered nurses, licensed practical nurses and certified nursing assistants for the period January 1, 2011 through June 30, 2011 using the Advancing Excellence turnover data collection and tracking tool
3. Collect, track, trend and report in-house acquired pressure ulcers for the period January 1, 2011 through June 2011 using a data collection tool provided by the ACCC with assistance of the Advancing Excellence Campaign
4. During the period of January 1, 2011 through June 30, 2011, participants will participate in three day-long learning sessions. Content topics will include staff stability strategies, consistent assignment, creating a positive chain of leadership, concepts of individualized care and pressure ulcer prevention. Advancing Excellence Campaign resources will be used to support goal achievement
5. Share outcome data and lessons learned with other collaborative participants and the Advancing Excellence Campaign

Collaborative Contacts:

Beth Greene: bgreen@alqio.sdps.org Phone: 205-970-1600

Natalie Baker: nbakern@knology.net Phone: 256-797-8044

BEST PRACTICE SUBMISSION FORM



Advancing Excellence Campaign- Alabama

BEST PRACTICE SUBMISSION FORM	
Definition of a BEST PRACTICE:	
<p>The term “best practice” refers to methods and techniques that have consistently shown results superior than those achieved with other means, and which are used as benchmarks for advancing excellence. There is, however, no practice that is best for everyone or in every situation, and no best practice remains best for very long as people keep on finding better ways of doing things.</p> <p>“I did then what I knew then, when I knew better, I did better.” Maya Angelou</p>	
Alabama Nursing Home #1 Best Practices	
COMMUNITY: Highlands Health & Rehab	
SUBMITTED BY (NAME): Robin Bradford, RNC MSN NHA	
OTHER DISCIPLINES PARTICIPATING: Nursing, Dietary, Social Service, Activities, and Therapy	
TELEPHONE (256) 218-3842	EMAIL rbradford@jchca.org
TITLE OF BEST PRACTICE: Circle of Knowledge	
PROVIDE A 100-150 WORD ABSTRACT OF THE BEST PRACTICE:	
<p>Our facility implemented the use of learning circles to assess the thoughts of staff members regarding the development of in-house acquired pressure ulcers. A learning circle is used to get key stakeholders to discuss, learn others viewpoint, and help in problem solving. The learning circle is intended to help form an action plan or stimulate change.</p> <p>Multi-disciplinary meetings were held with all levels of staff members. Every employee present was allowed to voice thoughts and comments, positive or negative. No idea was a bad idea. The discussions ranged from things we did well to things we needed to improve.</p>	
What standard of practice will be improved by the best practice?	
Pressure Ulcer Prevention	
What makes this a “best practice” and not just a “good practice”?	
Circle of Knowledge is a “best” practice since it allows all levels of staff members to vocalize their thoughts and comments honestly without any negative feedback to the commenter.	
How will you know that this practice is effective? Describe the method of evaluating	

BEST PRACTICE SUBMISSION FORM

measureable outcomes of this best practice? (ie: written evaluation, survey, QI measures, clinical outcomes etc)	
Clinical Outcomes A reduction in the number of in-house acquired pressure ulcers.	
How do you plan to share this best practice? (ie: presentation, workshop, poster presentation etc)	
Poster Presentation	
What lessons did you learn as a result of developing this best practice?	
Through the learning circles, it was determined that a lack of employee knowledge was an issue that may be contributing to the development of in-house acquired pressure ulcers.	
Signature: Robin Bradford, RNC MSN NHA	Date: 6-6-11
Alabama Nursing Home #2 Best Practices	
COMMUNITY: South Haven Health and Rehabilitation	
SUBMITTED BY (NAME): Felecia Boyd	
OTHER DISCIPLINES PARTICIPATING: Business office staff, nursing management staff, maintenance director, human resource director, dietary manager, central supply and medical record staff	
TELEPHONE 334-288-0122	EMAIL fxboyd@savasc.com
TITLE OF BEST PRACTICE: :The Ambassador Program”	
PROVIDE A 100-150 WORD ABSTRACT OF THE BEST PRACTICE:	
The Ambassador program best practice is designed to increase communication with the facility’s resident, staff, and sponsors (family). Steps taken with the Ambassador program by the facility is:	
<ol style="list-style-type: none"> 1. A facility staff member is assigned a set of room numbers for residents that are admitted to assigned rooms. The facility staff member is the Ambassador for that resident during their stay at the facility. 2. The (Ambassador) staff member meets the resident on admit or within 24 hours of admit. 3. The Ambassador identifies his/her self by name and purpose. 4. The purpose is building a trusting open relationship with the resident, family, and the facility staff. 5. The Ambassador meets the resident at least once a day, and more if required. The Ambassador covers areas such as the resident concerns or compliments, appearance, dress, call light with reach, safety of room, furniture in good repair, cleanliness of resident room, meal comments and recommendations. This is an open friendly meeting daily in which conversation is open. 6. The Ambassador makes an effort to meet with the sponsor or family member while visiting resident. The Ambassador places a call to the sponsor for an 	

BEST PRACTICE SUBMISSION FORM

<p>open conversation weekly on concerns or compliments if the Ambassador is unable to see sponsor at the facility.</p> <p>7. Any identified concerns are addressed immediately with follow up with the resident and family. The concerns are also addressed in the facility's morning meeting daily. This way, staff is aware of all resident concerns.</p> <p>8. Concerns are documented on Concern Form. The follow-up is also documented with the administrator signature. This information is added to the QA&A monthly.</p>	
<p>What standard of practice will be improved by the best practice?</p>	
<p>Consistent communication is a key component to building and maintaining any good relationship.</p>	
<p>What makes this a "best practice" and not just a "good practice"?</p>	
<p>Any effort to provide good resident care through effective communication between the resident (sponsor/family) and the facility WITH follow-up makes this a Best Practice.</p>	
<p>How will you know that this practice is effective? Describe the method of evaluating measureable outcomes of this best practice? (ie: written evaluation, survey, QI measures, clinical outcomes etc)</p>	
<p>Measurable outcomes are the decrease in the number of written complaints (Concern Forms), decrease in complaints from resident council meeting, family council meetings, and complaints in or on state survey. The resident care is the focus.</p>	
<p>How do you plan to share this best practice? (ie: presentation, workshop, poster presentation etc)</p>	
<p>Presentation with Power Point</p>	
<p>What lessons did you learn as a result of developing this best practice?</p>	
<p>Communication directs good, positive care for residents.</p>	
<p>Signature: <i>Felecia Boyd</i></p>	<p>Date: 6/6/11</p>

Alabama Nursing Home #3 Best Practices	
<p>COMMUNITY: Fair Haven Retirement Community</p>	
<p>SUBMITTED BY (NAME): Malea Braxton, RN</p>	
<p>OTHER DISCIPLINES PARTICIPATING: Nursing, dietary,</p>	
<p>TELEPHONE 205-956-4150</p>	<p>EMAIL: mbraxton@methodisthomes.org</p>
<p>TITLE OF BEST PRACTICE: "Good Humor" ministers strength to the body and the soul!</p>	
<p>PROVIDE A 100-150 WORD ABSTRACT OF THE BEST PRACTICE:</p>	

BEST PRACTICE SUBMISSION FORM

Life in a long-term care facility is rarely part of the ideal foal for a resident or a family member. Individuals seek long-term care placement and rehabilitation services due to events unforeseen and beyond human control. As providers inside the skilled nursing facility, there is a great deal to consider in meeting the needs of our residents and their families. Staff members become the most common face, voice and interaction our residents have each and everyday. In order to address multiple areas impacting our resident’s care needs, skilled nursing members must be creative. Choosing interventions that address more than one concern at a time can be the key to success. Creative nursing care interventions can spark hope, meet physical needs and provide the social contacts a resident may be too shy, unfamiliar or unable to provide for themselves while addressing simple cognitive needs.

The concern: how to provide refreshment, nutrients, stimulation and kind interaction through the utilization of the facility snack policy while minding wise stewardship over the budgeted allowed use of snack funds.

The Plan:

- The facility will provide a rolling catchy snack cart for each floor of the facility to be laden with eye appealing tasty treats and drinks for each resident each day**
- The facility staff under of the direction of unit managers will stock the carts, play music when appropriate, offer the snacks/hydration up and down the hall, reminiscent of the “ice cream man”, and document the resident’s response or intake of the offered snack of his/her choice between breakfast and lunch and lunch and dinner.**

What standard of practice will be improved by the best practice?

- An offered snack of choice to each resident twice daily**
- Stable weights and nutrition for residents**
- Reduced risk of skin breakdown**
- Stimulation of the resident through the choice of his or her snack each day**
- Stimulating a positive experience at a regular time daily**
- Combating the risk of dehydration during the long southern summer**
- Encouraging words from staff member passing snacks**
- Documentation and observation of snack use, intake and resident responses**

What makes this a “best practice” and not just a “good practice”?

This practice promotes “reflection” and “remembrance” of “the good old days” by the residents. It enables them to make choices on their own. It promotes interaction in a social environment.

How will you know that this practice is effective? Describe the method of evaluating measureable outcomes of this best practice? (ie: written evaluation, survey, QI measures, clinical outcomes etc)

The IDT will review the documentation, cost management and resident verbal response to the snack program. The IDT will further observe for changes in the resident’s environment/affect and measure the change in weight loss to determine program outcomes.

BEST PRACTICE SUBMISSION FORM

How do you plan to share this best practice? (ie: presentation, workshop, poster presentation etc)	
Poster presentation and power point presentation	
What lessons did you learn as a result of developing this best practice?	
It allows management and staff closer observation of intake during snack time while increasing resident's awareness and excitement during periods of downtime.	
Signature: Malea Braxton, RN	Date: 06/06/2011

Alabama Nursing Home #4 Best Practices	
COMMUNITY: St. Martins in the Pines	
SUBMITTED BY (NAME): Linda Robertson	
OTHER DISCIPLINES PARTICIPATING: All Staff	
TELEPHONE 205-956-1831 Ext 123	EMAIL lrobertson@StMartins .ws
TITLE OF BEST PRACTICE: Dining Experience	
PROVIDE A 100-150 WORD ABSTRACT OF THE BEST PRACTICE: Our Best Practice will be the redesign and delivery of our elder meals to our traditional facility of 78. Our dietary tray line will be eliminated and the service will be from steam tables in each of our three dining rooms. Tables will be preset, new furniture purchased, tablecloths, setting dishes. A dietary employee will serve up food on plates for restaurant style plate delivery to each elder. In room trays will be prepared and delivered prior to in-house service. Kick-off date is July 5 th 2011.	
What standard of practice will be improved by the best practice?	
Meal Service Elder Satisfaction Employee Job Satisfaction	
What makes this a "best practice" and not just a "good practice"?	
The change from a traditional (institutional) food service system.	
How will you know that this practice is effective? Describe the method of evaluating measureable outcomes of this best practice? (ie: written evaluation, survey, QI measures, clinical outcomes etc)	
We will conduct satisfaction surveys. For elders and staff after the first 30 days then quarterly for the remainder of year.	
How do you plan to share this best practice? (ie: presentation, workshop, poster presentation etc)	
Whatever the settings calls for. We can share in any of the above ways.	
What lessons did you learn as a result of developing this best practice?	
There is a better way to experience your meals in a nursing home and make the "task" for staff easier and more pleasurable. Staff will have quality time to interact with the elders.	
Signature: <i>Linda Robertson</i>	Date: 6/20/11



BEST PRACTICE SUBMISSION FORM

ADVANCING EXCELLENCE IN

Pain Management

Wednesday, June 15, 2011
9 a.m. - 4 p.m.
East Lansing Marriott at
University Place



This program is proudly presented by the Michigan Local Area Network for Excellence (MI LANE) in partnership with the Health Care Association of Michigan and with financial support from the Michigan Department of Community Health pain management education funds.

Additional planning support was provided by: BHP Pain Management & Palliative Care Program; Ciena Healthcare; Extencicare; MCMCFC; MiNADONA; MPRO; NexCare Health Systems; Ombudsman Program; PHI; and State Veterans Homes.

This one-day program, equally beneficial for Michigan nursing and rehabilitation facility direct care staff and administrators/nurse managers, will offer two distinct tracks: a **101 track** designed for professionals with **limited experience** and a **201 track** designed for professionals with **intermediate/advanced experience**. Each track will offer participants the same content; however, presenters will cover topics and engage participants throughout the day at their respective skill/experience levels.

Half the day will focus on **pain management**. Major learning outcomes for this portion of the program will include: recognizing and assessing pain; achieving successful pain management during hospital transitions; and implementing effective interdisciplinary pain management programming. Additionally, a unique opportunity to engage a panel of healthcare professionals with questions related to pain management will also be offered. Expert presenters will include **Ruthann Brintnall, Thomas Palmer and Karen Ogle**.

The second half of this program will focus on **Advancing Excellence**. Campaign leaders **Carol Benner** and **Tammy Rolfe**, along with MI LANE co-conveners **Charlene Kawchak-Belitsky** and **Dawn Jacobs**, will address the history of the Campaign; phase one and two data and findings; Michigan-specific data; what's new and future plans; history and focus of the MI LANE; Campaign benefits and value; how to register nursing homes, consumers and direct care staff; a website demo; detailed review of the six Campaign tools and resources; and the data entry process for organizational goals.

PROGRAM AGENDA

- 8-9 a.m.**
Registration & Continental Breakfast
- 9-10:30 a.m.**
Program Begins
- 10:30-10:45 a.m.**
Networking Break
- 10:45 a.m.-Noon**
Program Continues
- Noon-1 p.m.**
Networking Luncheon (Provided)
- 1-2:30 p.m.**
Program Continues
- 2:30-2:45 p.m.**
Networking Break
- 2:45-4p.m.**
Program Concludes

CONTINUING EDUCATION

HCAM will apply for five licensed nursing home administrator clock hours with the Michigan Board of Nursing Home Administrators.

The HCAM Clinical Committee is an approved provider of continuing nursing education by the Wisconsin Nurses Association Continuing Education Approval Program Committee, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. This program will provide five nurse contact hours.

Additionally, all disciplines will receive a certificate of attendance.

Not sure if your facility is registered in the Advancing Excellence campaign? Look for your nursing home by state at:
www.nhqualitycampaign.org

ADVANCING EXCELLENCE IN

Pain Management

Course Size • This program is limited to the first 200 registrants.

Join • All facilities are encouraged to join the Advancing Excellence campaign free of charge at www.nhqualitycampaign.org. If your facility becomes an Advancing Excellence participant before registering for this program, you are welcome to register at the reduced rate of \$99/two staff members.

Meals • A light continental breakfast, a plated networking luncheon, an afternoon dessert indulgence and assorted beverages will be provided throughout the day for all registrants.

Parking • Program participants are responsible for their own parking charges. The overnight guest parking rate is \$7 per night and conference parking is a maximum of \$10 per day.

Handouts • In an effort to be environmentally responsible, electronic program materials and handouts will replace paper and will be accessible online at www.HCAM.org. Directions for downloading these handouts will be e-mailed to participants a minimum of two weeks prior to this program.

Advancing Excellence **PARTICIPATING** facility: \$99/two staff members (includes meals)

If your facility is signed up for the Advancing Excellence campaign, register two staff members from the same facility address at the low rate of just \$99. For optimal learning, plan to register one direct care staff member and one administrator/nurse manager.

Advancing Excellence **NON-PARTICIPATING** facility: \$149/two staff members (includes meals)

Join the Advancing Excellence campaign today for free and take advantage of the reduced rate of \$99 (above). Otherwise, register two staff members from the same facility address for \$149. For optimal learning, plan to register one direct care staff member and one administrator/nurse manager.

REGISTRANT INFORMATION

Registrant No. 1: _____ Title: _____

Registrant No. 2: _____ Title: _____

Facility/Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax (required): _____

Primary E-mail (required): _____ Emergency Contact No. (mobile): _____

METHOD OF PAYMENT

____ Visa Credit Card Number: _____

____ MasterCard Expiration Date: _____ Security Code: _____

____ American Express Total Amount Due: _____ Billing Zip Code (for credit card): _____

____ Discover Cardholder Name: _____

____ Check or Money Order (enclosed) Cardholder Signature: _____

REGISTRATION • Please type or print clearly one form per two registrants. This form may be duplicated for additional registrants. Completed forms should be mailed or faxed to the address listed below. Telephone reservations will not be accepted. Please make a copy of this registration form for your own records.

EVENT CONFIRMATION • After your registration form has been processed, an event confirmation will be faxed to your attention. Please be sure to include a current fax number with area code on this form for confirmation purposes. If you do not receive a confirmation within 10 business days of submitting your registration form to our office, please contact HCAM via e-mail at eventconfirmation@hcam.org.

PAYMENT INFORMATION • All registration fees, regardless of membership or participant status, are due at the time of registration. We accept Visa, MasterCard, American Express or Discover. We will also accept a check or money order payable to HCAM. To avoid duplicate charges, please submit only one registration form (either by mail or fax).

CANCELLATION & REFUND POLICY • Once a registration form has been processed by the HCAM accounting department, refunds cannot be issued.

SUBSTITUTIONS • Individuals registered for this program, but unable to attend, may send an alternate in their place. Please contact HCAM via e-mail at eventconfirmation@hcam.org with the first and last name, title and facility/company of both you and your substitute.

DIETARY RESTRICTIONS • Individuals with special dietary restrictions should contact HCAM in writing by mail or fax at least two weeks prior to this program, detailing their request or restriction. It is the responsibility of each participant to notify a banquet server of his/her dietary request onsite.

SPECIAL ACCOMMODATIONS • Should you require special accommodations to fully participate in this program, please contact HCAM in writing by mail or fax at least two weeks prior to this program, detailing your request or accommodation need.

ATTIRE • Casual business attire is appropriate for this program; however, conference room temperatures are often difficult to regulate. Please dress in layers for your comfort.

OVERNIGHT ACCOMMODATIONS • Once you have registered for this program, please secure your hotel reservation (if applicable). Your event registration does not automatically guarantee your overnight accommodations. All overnight accommodations must be made directly with your hotel of choice. HCAM will not assume responsibility for hotel reservations.

This program will be held at the East Lansing Marriott at University Place, 300 M.A.C. Ave., East Lansing, Mich. 48823. Phone: (517) 337-4440.

CONSENT TO USE OF PHOTOGRAPHIC IMAGES • Registration and attendance at, or participating in, HCAM events and/or activities constitutes an agreement by the registrant to HCAM's use and distribution (both now and in the future) of the registrant's or attendee's image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events and activities.

QUESTIONS • This program is professionally managed by the HCAM education team. Should you have questions regarding this program, or the information contained within this registration brochure, please contact Lea Osborne by phone at (517) 622-6189 or by e-mail at LeaOsborne@hcam.org.

Permit completed registration form & payment to:

HCAM • 7413 Westshire Dr., Lansing, Mich. 48917 or FAX • (517) 627-3016

Nursing Home Staff Retention: Get the Facts!



The process of staff retention can be very challenging with almost 100,000 unoccupied nursing staff positions on any given day. Staff stability and instability directly impacts all aspects of your nursing home which is why it's crucial that you know the myths from the facts! Knowing the difference between the two will help you in developing and implementing strategies to target retention in an efficient and effective way.



Below are some facts about staff retention—use this information to help plan your staff retention program.

Retention of current staff is the best place to start! Many organizations make the mistake of focusing mainly on recruitment; however just hiring new staff does NOT guarantee that your home's workforce will be consistent and stable. Recruiting new staff does not help your turnover rates if your nursing home is not able to retain them. The place to start for stability is learning how to keep and support the good staff you have. Recruitment is always more successful when new employees come in to a more stable organization. Remember that your current staff's word of mouth will be your best selling point. As you have more stability, you can be more selective and targeted in your recruitment. As long as you have instability, you will feel pressure to lower your standards and recruit indiscriminately. Stabilize your current workforce through effective retention methods and the rest will follow.

[For more information, visit page 6 of the toolkit: Retention of Current Staff]

Providing new employees with a comprehensive orientation is essential to staff retention. The time commitment in developing and implementing the orientation is definitely worth it. Getting to know new co-workers, residents, and the workplace environment is important in making a new employee feel welcomed, at ease, and confident in their new role at your home. Remember to start employees off with a regular, consistent assignment during the weekdays so that managers and supervisors are present to offer support. Additionally, you may consider assigning a mentor to the new employee so that he/she has another person to turn to for questions. With a solid orientation, new employees have the greatest likelihood for success and job satisfaction.

[For more information, visit page 31 of the toolkit: Successful Orientation]

In nursing homes, the desire to care for others is often referred to as a "calling." Psychologists, however, categorize this feeling as "intrinsic motivation." The motivation to overcome difficulties and take care of residents who depend on them is very powerful and can be influenced by management through setting high standards. When you manage in a way that encourages and supports this motivation, employees do their best. Expecting the best will help people perform at their best. Most people step when they know that there is an expectation of high standards. To bring out the best in your employees remember to set clear, high standards, pay attention to needs, and personalize recognition.

[For more information, visit pages 41-42 of the toolkit: Positive Chain of Leadership]



Nursing Home Staff Retention: Get the Facts! (page 2)

According to a recent survey on staff satisfaction, employees indicate that the reason for staying at a nursing home or recommending that home as a good workplace to others is dependent on their perception of the management team. Knowing that management cares, listens, and assists with job stress is instrumental in maintaining a high level of staff satisfaction and retention. If staff satisfaction decreases, the likelihood of staff leaving can increase. As management, make sure that employees feel a sense of achievement, recognition, growth, and respect. In the case that a staff member does leave—remember that exit interviews do not always provide the real reason. Stay connected with staff about their satisfaction level before this happens! While making decisions, managers should ask the question: “By doing this, am I contributing to staff stability or staff turnover?” By placing day-to-day management decisions in context of turnover versus stability, you can help assess and change management decisions in order to facilitate a more positive working environment.

[For more information, visit section II of the toolkit: Management Practices That Support Stability]

Consistent assignment is a key step in providing care that is centered on the resident. Incorporating consistent assignment into your home can help strengthen the relationship between residents and staff. Did you know that staff who take care of the same residents tend to be happier in their jobs? They do! Caregivers report feeling a greater sense of responsibility to come to work because they know best what “their” residents need. This in turn encourages them to stay at their jobs as well. Having the responsibility of consistent relationships improves staff attendance and decreases turnover. Through consistent assignment, caregivers have a greater chance of noticing subtle changes in a resident’s individual needs—thus improving the quality of care provided as well.

[For more information, visit pages 39-41 of the toolkit: Consistent Assignment & Positive Leadership]

The method in which your home deals with staffing problems can influence your overall stability. Incorporating a positive outlook with staffing problems will assist in decreasing turnover and produce higher levels of staff performance. One of the management practices associated with staff retention is valuing staff in policy, practice, word, and deed. This translates to management being active in the work area, helping staff as need arises, and giving genuine appreciation for a job well done. Staff is most likely to continue their employment if they feel valued and appreciated by leadership. One way management can be actively involved is by walking around and asking staff about the challenges they face. Seeking out their opinion can be an effective way to show that management listens and cares.

[For more information, visit page 18 of the toolkit: Cycle of Turnover]

Remember that *anybody* is **NOT** better than *nobody*! Taking the time to “hire right” will save your home unnecessary stress, money, and time. Staff is more eager to help and welcome new employees they feel are invested in the home and have a greater chance of succeeding. By hiring individuals that have the necessary experiences and skill sets, you will increase the likelihood that he/she will stay at the home and that they will fit in with the rest of your staff. It’s not enough to just “know the job”—hiring the right people involves finding a good fit for your home. More importantly, staff retention rates will increase by hiring the right employee! Remember that it’s very discouraging to hire someone, only to have them leave in short time period because they weren’t the “right fit” to begin with. Rather than hiring staff that have failed at other facilities, hire staff that demonstrate desirable qualities and then train them.

[For more information, visit pages 19 and 69 of the toolkit: Hiring Right]

Nursing Home Staff Retention: Get the Facts! (page 3)

During periods of staffing challenges, regularly scheduled team and staff meetings may be postponed for a variety of reasons such as the perception that it will waste time that could be spent on other tasks and the idea that it will result in “complaint sessions.” However, it is precisely during this time that all venues of communication should stay open! Staff meetings should NOT be postponed during this time. In fact, by continuing meetings, you will provide a venue for staff to discuss and problem-solve challenges and provide management with valuable information to troubleshoot any problems. By keeping communication open, staff can be reassured that their workplace environment and satisfaction is top priority.

[For more information, visit page 43 of the toolkit: *Systems of Communication*]

Research indicates that homes with high turnover rates have very strict and punitive reactions to absences and other issues with attendance. Rather than harsh disciplinary rules to address attendance, homes with a positive work environment address attendance problems by trying to meet the needs of their staff as best as they can. By being flexible, management is able to demonstrate that they support and understand the staff. It’s also important to reward good attendance to boost morale and recognize employees who consistently perform well! Use rewards, assistance, and adjustments to retain good employees. No home wants to be short-staffed and rigid consequences for attendance or lack of recognition can lead to the termination of an otherwise good employee.

[For more information, visit pages 31-33 of the toolkit: *Attendance, Scheduling and Assignments*]

Poor hiring decisions can cause unneeded stress and instability in your home. Making sure that you hire reliable and dependent employees who will be a “good fit” with the rest of your workforce is essential because when new employees aren’t dependable or reliable—current employees will have to work harder and under more stress. This is why getting input from a variety of perspectives other than just human resources during the hiring process is important. Involving management from the beginning is a good idea because many of your managers may already have experience hiring and can help brainstorm potential interview questions. Consider including supervisors, co-workers, residents, and even families during the brainstorming portion. This will help you gain input from a variety of perspectives while providing you with information from people who know the job best.

[For more information, visit pages 26-27 of the toolkit: *Involve Others in the Hiring Process*]

High staff turnover is hurtful. Not only does it hurt your home’s bottom line, but it also stresses out your staff and hurts the quality of care you provide to residents. Using the steps outlined in the Staff Stability Toolkit and highlighted in R-TOP Tips, you CAN stabilize your workforce, save money, and improve care!

ACTION STEPS:

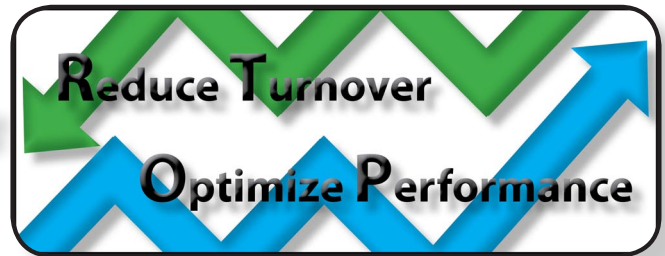
- A) Download the **Staff Stability Toolkit** by visiting: www.primaris.org/node/678
- B) Continue to use the **Drill Down Tool** to calculate numerical turnover data. To download:
 - 1) Visit: http://www.primaris.org/resource_catalog
 - 2) Use the drop down menu to change “**Setting**” to “**Nursing Home.**”
 - 3) Use the drop down menu to change “**Condition**” to “**Person-centered Care.**”
 - 4) Click on “**Apply.**”
 - 5) Scroll down to “**Drilling Down to Human Resources.**”
- C) Finally, continue to read **R-TOP Tips** by visiting: www.primaris.org/Nursing%20Homes

For more information, contact a MO LANE Planning Committee Member: Department of Health & Senior Services, Primaris, State LTC Ombudsman, MCS, Missouri League for Nursing, Missouri Center for Patient Safety, QIPMO, Missouri Association of Homes for the Aging, Missouri Association of Nursing Home Administrators, Missouri Health Care Association, Missouri Board of Nursing Home Administrators, AMDA, National Association of Health Care Assistants, Missouri Pain Initiative, Heartland Kidney Network, Missouri Hospice and Palliative Care Association

MO-10-27-NH Sept 2010 This material was prepared by Primaris, a Medicare Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.



Myths vs. Facts ***Nursing Home Staff Retention:*** ***PRE-TEST***



Name: _____

Date: _____

Session Title: _____

Please read each statement below and circle whether you currently believe it is a MYTH or a FACT.

- 1) Having high expectations of staff increases staff motivation.
MYTH or FACT
- 2) Managers always know all the reasons why staff choose to leave.
MYTH or FACT
- 3) Having staff rotate assignments and work with different residents is best for everyone.
MYTH or FACT
- 4) Recruiting new staff can help if your nursing home is not able to retain older staff.
MYTH or FACT
- 5) Staff is most likely to continue their employment if they feel valued and appreciated by leadership.
MYTH or FACT
- 6) Only people who already know the job should be hired.
MYTH or FACT
- 7) A new staff orientation is optional if you have limited time.
MYTH or FACT
- 8) The process of hiring new employees should be limited to the human resources department.
MYTH or FACT
- 9) Addressing attendance with rewards, assistance, and adjustments is one way to retain good employees.
MYTH or FACT
- 10) In times of staffing challenges, time spent towards staff meetings is wasted and can be postponed.
MYTH or FACT

Myths vs. Facts

Nursing Home Staff Retention:

POST-TEST



Name: _____

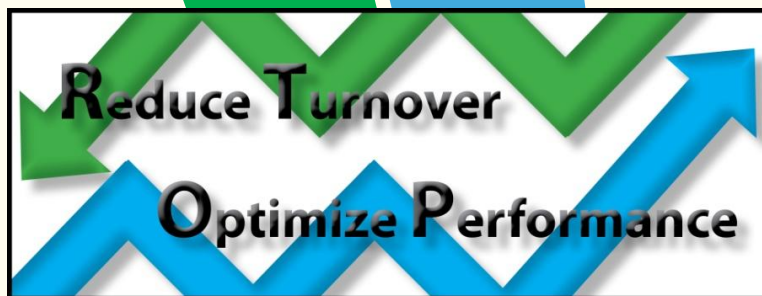
Date: _____

Session Title: _____

***Please read each statement and circle whether you now believe it is a MYTH or a FACT.
You will be given an answer sheet upon completion of the post-test.***

- 1) In times of staffing challenges, time spent towards staff meetings is wasted and can be postponed.
MYTH or FACT
- 2) The process of hiring new employees should be limited to the human resources department.
MYTH or FACT
- 3) A new staff orientation is optional if you have limited time.
MYTH or FACT
- 4) Recruiting new staff can help if your nursing home is not able to retain older staff.
MYTH or FACT
- 5) Addressing attendance with rewards, assistance, and adjustments is one way to retain good employees.
MYTH or FACT
- 6) Having staff rotate assignments and work with different residents is best for everyone.
MYTH or FACT
- 7) Managers always know all the reasons why staff choose to leave.
MYTH or FACT
- 8) Having high expectations of staff increases staff motivation.
MYTH or FACT
- 9) Only people who already know the job should be hired.
MYTH or FACT
- 10) Staff is most likely to continue their employment if they feel valued and appreciated by leadership.
MYTH or FACT

SUBMIT YOUR STAFF STABILITY PRACTICES AND BE ELIGIBLE TO WIN \$125.00



High turnover of staff at all levels in nursing homes has been a persistent problem for decades. Turnover has been shown to undermine the continuity of care and consume financial resources that could otherwise be allocated to improving care and services.

MOLANE, the Missouri Local Area Network for Excellence, has identified the reduction of turnover and the increase of staff stability as their top priority. MOLANE is a coalition of stakeholders who have come together to ensure the success of Advancing Excellence in America's Nursing Homes.

As part of a grant funded through the National Advancing Excellence Program, MOLANE is gathering Missouri's successful staff retention practices. These practices will be compiled and released to facilities and organizations throughout the state as part of the Network's ongoing efforts to help you reduce staff turnover.

To encourage facilities and organizations to share their practices, MOLANE will judge each submission and award \$125.00 for each of the three (3) staff retention/staff stability practices submitted deemed to be the most replicable or innovative.

Complete and submit the application on the back of this form. One additional page can be added if needed.

TIP! Make sure to explain *how* your facility's practice reduces turnover. A summary of a comprehensive program is more likely to receive a cash award than an individual practice or part of an over-all program.

The completed form that outlines your staff stability and retention practices should be **submitted by March 31, 2011** to:

Deborah Finley
MOLANE
c/o Primaris
200 North Keene Street
Columbia, MO 65201

NOTE: All submissions will be listed in a compendium from MOLANE. If you wish, your submission can be anonymous. Simply mark the "keep my facility contact information anonymous" box on the submission form. You will still be eligible for a cash prize, but your identifying information will not be included with your staff retention practice.

MOLANE participants include: Center for Practical Bioethics, LeadingAge Missouri (formerly Missouri Association of Homes for the Aging), Missouri Association of Nursing Home Administrators, Missouri Coalition Celebrating Care Continuum Change, Missouri Department of Health and Senior Services, Missouri Health Care Association, Missouri League for Nursing, Missouri Hospice and Palliative Care Association, Missouri State Long-Term Care Ombudsman, National Association of Health Care Assistants, and Primaris - Missouri's Medicare Quality Improvement Organization and Social Services Association of Missouri. Missouri Board of Nursing Home Administrators, The Quality Improvement Program for Missouri's Long-Term Care Facilities (QIPMO), MC5, the Missouri Center for Patient Safety, AMDA, Missouri Pain Initiative, and the Heartland Kidney Network.

STAFF STABILITY PRACTICES APPLICATION

Please choose one:

- It is **OK** to use my facility contact information along with my retention practice.

- Keep my facility contact information **anonymous**.

Facility/Organization: _____

Address: _____

Telephone/Email: _____

Contact Name/Title: _____

Staff Retention/Staff Stability Practice:

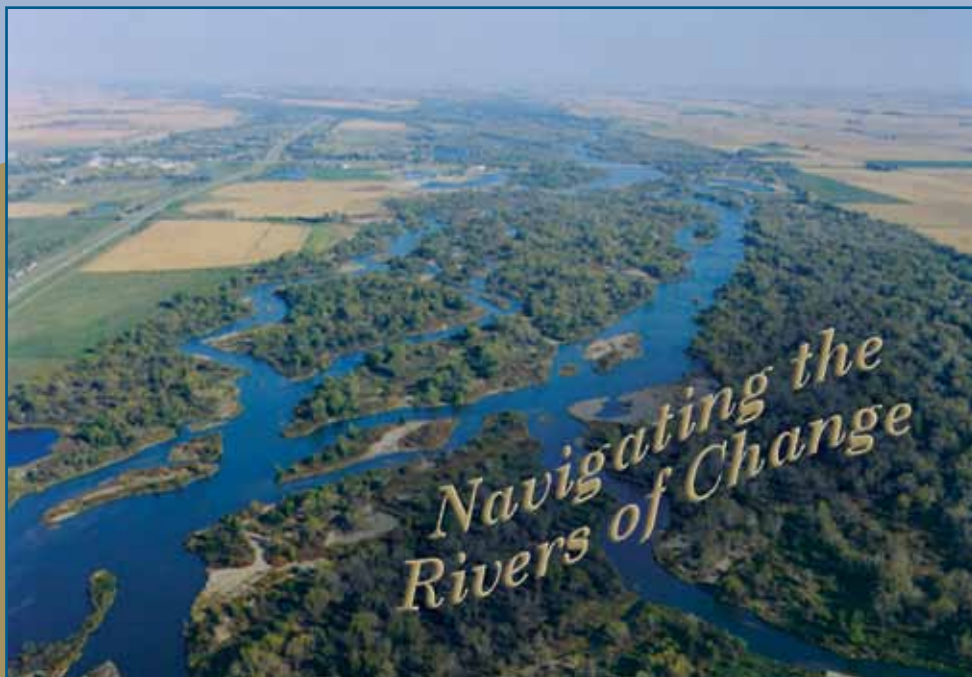
How do you know this practice is working?

Submit this form by March 31, 2011 to:

**Deborah Finley
MOLANE
c/o Primaris
200 North Keene Street
Columbia,⁶⁶MO 65201**

NHCA/NALA MID-YEAR CONVENTION

April 12-14, 2011
Younes Conference Center
Kearney, Nebraska



Nebraska Health Care Association
Nebraska Assisted Living Association

Serving Those Who Serve

SPECIAL EVENTS

NEW THIS YEAR AT
MID-YEAR CONVENTION!

WEDNESDAY EVENING SOCIAL

WITH DINNER
AND BACKGROUND MUSIC

WEDNESDAY, APRIL 13

5:00 PM TO 6:00 PM — RECEPTION (CASH BAR)

6:00 PM TO 7:00 PM — DINNER

MUSIC BY THE WES HIRD TRIO

*Sponsored by
Health Care Information Systems
& Medi-Bill Systems*

BUFFET BREAKFAST

THURSDAY, APRIL 14

7:00 AM TO 9:00 AM

A GREAT WAY TO BEGIN THE LAST DAY OF
MID-YEAR CONVENTION!



CYBER STATIONS

Stop by one of several on-site
cyber stations!

All Mid-Year Convention events
at one location — the new Younes
Convention Center!
(No shuttle bus service.)

EDUCATION SESSIONS

Advancing Excellence



The Advancing Excellence icon designates education that assists in meeting the goals of Advancing Excellence for a nursing facility.

Tuesday, April 12

[A1] KEYNOTE

Applying Leadership Principles to Navigate Change

Tuesday, April 12, 9:00 am to 11:00 am

Speaker: Jeff Call, M.A.

Sponsored by Quality First Insurance, LLC

This session focuses on “personal” (what you can do) leadership. We will learn specifically how to apply Principle-Centered Leadership (from the book, *7 Habits of Highly Effective People*, by Stephen Covey) to lead and adapt to change; build skills that will increase your effectiveness — in your personal life and also as a care provider; develop habits to lead and manage others in addition to interacting with other employees, residents, and families; and distinguish between “urgent” vs. “important” when everything seems like a crisis situation. Jeff Call, M.A., is a national presenter on leadership and the founder of Focus & Execute, LLC, Salt lake City, Utah.

Audience: Administrators, Nursing, Activities, Dietary, Direct Care Staff and Social Services in Assisted Living Facilities and Nursing Facilities
1 Credit Hour

[A2] Pain in the Nursing Facility

Tuesday, April 12, 3:00 pm to 5:00 pm

Speaker: Allison Dering-Anderson, Pharm.D., R.P.

Sponsored by Nebraska Advancing Excellence LANE



MDS 3.0 is assessing pain in a different light. Darvocet has been pulled off the market. The Duragesic patch is not

effective for the elderly. What are we supposed to do to meet the resident’s need related to pain management?

This session will review the variety of pharmacological analgesic medications that are available for the elderly.

Allison Dering-Anderson, Pharm.D., R.P., is with the Department of Pharmacy Practice, University of Nebraska Medical Center, College of Pharmacy, in Omaha, Neb., and a practicing pharmacist in Lincoln, Neb.

Audience: Nursing, Direct Care Staff, Administrators and Social Services in Nursing Facilities
2 Credit Hours

Education Sessions continued on page 8



Advance Care Planning with Nursing Home Residents

May 10 – Care One at The Cupola - Paramus

May 11 – NJHA - Princeton

May 12 – Masonic Home of New Jersey - Burlington

Jointly sponsored by:

The New Jersey Local Area Network for Excellence (LANE) of

The Advancing Excellence in America's Nursing Homes Campaign

PROGRAM OBJECTIVES

Advance Care Planning is an important focus area for nursing homes because of the link to residents' quality of life and quality of care. Appropriate advance care planning can help prevent unnecessary hospitalizations and the use of other medical services. The NJ Local Area Network for Excellence (LANE) will be hosting three regional education sessions on Advance Care Planning, where speakers will present on the topics of POLST (physician orders for life sustaining treatment); N.J.'s current laws and regulations on advance care planning; and how to use the Advancing Excellence Campaign's new advance care planning tool to measure your organization's progress in this very important area.

At this program participants will be able to:

- Discuss current N.J. law and regulations
- Recognize how POLST has developed and is used as part of advance care planning
- Examine and learn to use the Advancing Excellence Campaign's advance care planning tool.

WHO SHOULD ATTEND

Long-term care physicians. Directors of nursing, long term care administrators, nurses and social workers.

PROGRAM SCHEDULE

9:00 *Registration and Continental Breakfast*

9:30 **Welcome and Opening Remarks**

9:45 **N.J. Advance Directives Laws: Background and Enforcement**

James McCracken, LNHA

Ombudsman

Office of the Ombudsman for the Institutionalized Elderly

Audrey Anderson, JD

General Counsel

Office of the Ombudsman for the Institutionalized Elderly

11:00 *Break*

11:15 **Advancing Excellence in America's Nursing Homes Campaign**

Advance Care Planning Data Tool

Tammy Rolfe, RN, LNHA, MS HPM

Field Operations Manager

Advancing Excellence Campaign

12:15 *Networking Luncheon*

1:15 **Physicians Orders for Life Sustaining Treatment (POLST)**

David Barile, MD

Medical Director, ACE Unit

Director of Supportive Care Services

Princeton Healthcare System

Aline Holmes, RN, APNC, MSN

Senior Vice President Clinical Affairs

New Jersey Hospital Association

2:45 **Questions and Answers**

3:00 *Program Evaluation and Adjournment*
(OVER)

REGISTRATION INFORMATION

Fees: ea.

Includes continental breakfast, lunch and materials.

- **Payment by credit card or check is required along with this registration form in order to be registered. Faxed copies of check will not be accepted.**

- Registrations will be accepted by FAX at 609-275-4271 **ONLY IF ACCOMPANIED BY** credit card information (MasterCard, VISA or American Express).
- Make checks payable to: HRET of NJ
- Mail to: Educational Services
HRET of NJ
P.O. Box 828691
Philadelphia, PA 19182-8691

If your check is being processed you may use a credit card to *hold* your registration. Please write "HOLD ONLY" by the credit card information. **Credit card will be charged if check is not received by the date of the conference.**

AGREE TO THESE TERMS.

- Cancellations received by 7 business days before each session will receive a refund minus a \$50 per person service fee. Cancellations received after that date will not be eligible for a refund.
- Registrants unable to attend may send an alternate.
- **No confirmation will be sent.**
- For brochures or a calendar of upcoming seminars go to <http://www.njha.com/index.aspx>.

FOR MORE INFORMATION, OR IF YOU HAVE A DISABILITY AND NEED A SPECIAL ACCOMMODATION, PLEASE CALL 609-275-4180 or 4181.

CONTINUING EDUCATION CREDITS

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Medical Society of New Jersey through the joint sponsorship of Health Research and Educational Trust and NJ LANE members: APIC Southern New Jersey Chapter; CareOne, A Senior Care Company; Central Jersey Chapter of the National Gerontological Nursing Association; Francis E. Parker Memorial Home, Inc; Genesis Healthcare; Health Care Association of New Jersey; Healthcare Quality Strategies, Inc.; LeadingAge New Jersey; New Jersey American Medical Directors Association; New Jersey Department of Health and Senior Services; New Jersey Hospital Association; New Jersey Work Environment Council; Rutgers Occupational Training and Education Consortium; Ombudsman for the Institutionalized Elderly; TRANSITION HealthCare Consultants; UFCW Local 152 Professional Healthcare Division. HRET is accredited by MSNJ to provide continuing medical education for physicians. HRET designates this live educational activity for a maximum of 3.75 AMA PRA Category 1 Credits TM. Physicians should only claim credit commensurate with the extent of their participation in this activity.

HRET is an approved provider of continuing nursing education by NJSNA, an accredited approver by the American Nurses Credentialing Center’s COA.

P131-4/08-11. This program qualifies for 3.75 contact hours.

Need to Add SW credits by HCANJ

LNHA credits have been applied for.

For directions to Care One at The Cupola visit <http://www.care-one.com/the-cupola/directions/> - Additional parking is at Paramus Woman’s Club, located across the street.

For directions to NJHA visit <http://www.njha.com/directions.aspx>.

For directions to Fellowship Center on Masonic Home Campus, 1114 Oxmead Road, Burlington, NJ
<http://njmasonic.org/ContactUs/tabid/60/Default.aspx>

REGISTRATION (Please Type or Print Clearly)

Seminar #1127 (Advance Care Planning) \$75

❶

Name (as it should appear on badge)

Hospital/Firm

Title

Street

❷

Name (as it should appear on badge)

City State Zip

Title

Phone # Fax #

E-mail address

- Check the session you wish to attend:**
- **May 10 – Care One at The Cupola**
 - **May 11 – NJHA**
 - **May 12 – Fellowship Center on Masonic Home Campus**

Recruitment Letter #1

Good Afternoon Everyone,

I am very pleased to let you know that the stakeholder group in New Jersey that is known as the NJ Local Area Network for Excellence (LANE) has continued to work hard at ways to make the national Advancing Excellence in Nursing Homes Campaign “come alive” for all of you.

Recently, the national steering committee awarded New Jersey some seed grant money to accomplish two goals:

1. Increasing participation in the Advancing Excellence effort
2. Addressing ways to improve advance care planning in nursing homes

Joining the Advancing Excellence Campaign effort **doesn't** cost you any registration fee. It **does** give you access to considerable quality improvement resources and a method for measuring your organization's progress on selected goals.

In the Spring of 2011 the NJ LANE (which includes NJHA, LeadingAge New Jersey, HCANJ, NJDHSS, HQSI, NADONA, CareOne, Genesis, the Office of the Ombudsman for the Institutionalized Elderly (OOIE)) will be hosting regional education sessions on Advance Care Planning (ACP) where we will have speakers on POLST (physician orders for life sustaining treatment), NJ's current laws and regs on ACP, and a national speaker from the campaign who will introduce the NEW ACP tool and how to use it to measure your organization's progress in this very important area.

We all know that Advance Care Planning is an important area to address with regard to quality of life, quality of care and with regard to the challenge of avoidable hospitalizations and use of other medical services.

Here's the “catch” --- to attend the Spring education session on this key topic, your facility must be fully registered as a participant in Advancing Excellence Campaign. Fully registered means, signing up AND choosing your goals.

Attached is a brief outline about the Advancing Excellence Campaign. You can get your registration started at www.nhqualitycampaign.org

I would be happy to answer any questions you might have about the Campaign, the education that is planned, or registration.

Looking forward to your participation! **Happy Holidays!**

Recruitment Letter #2

Good Day Everyone,

This E-mail contains information about how your facility can receive free education on Advance Care Planning (ACP) (living wills/medical care decision making) and free help with your quality improvement program.

I am very pleased to let you know that the stakeholder group in New Jersey that is known as the NJ Local Area Network for Excellence (LANE) has continued to work hard at ways to make the national Advancing Excellence in Nursing Homes Campaign “come alive” for all of you.

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