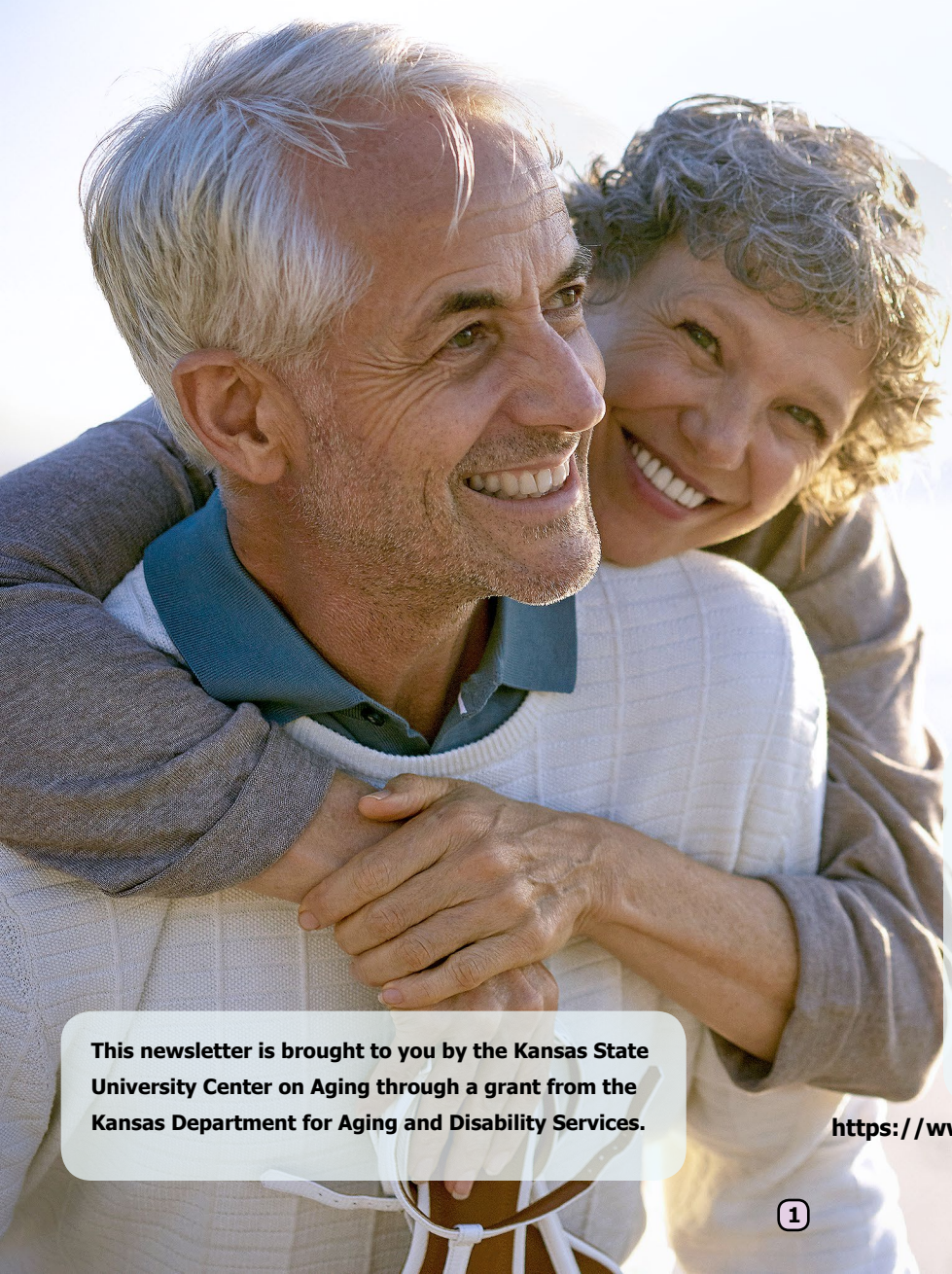


PEAK



2.0



FEBRUARY 2020

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This newsletter is brought to you by the Kansas State University Center on Aging through a grant from the Kansas Department for Aging and Disability Services.

Person-Centered Care Resources and Opportunities for 2020

Fellow Person-Centered Care Champions,

I am charged up about this newsletter! Here's why: there are mounting resources and information to help organizations discern the business side of person-centered care. This issue starts with highlighting the business benefits of person-centered care and the resources available to help you assess return on investment for your organization. This issue also highlights another member of the PEAK team and provides tips to prepare for upcoming evaluations.

I also wanted to share that the PEAK team has met with KDADS and we are excited about some of the changes there. There is a renewed commitment to person-centered care and the development of an advocate on their team. As a first initiative, KDADS is reintroducing the PEAK advisory team. Applications for participation on that team are due soon, and selection of that team will occur in early February. KDADS leads up this team so look for information and updates from them.

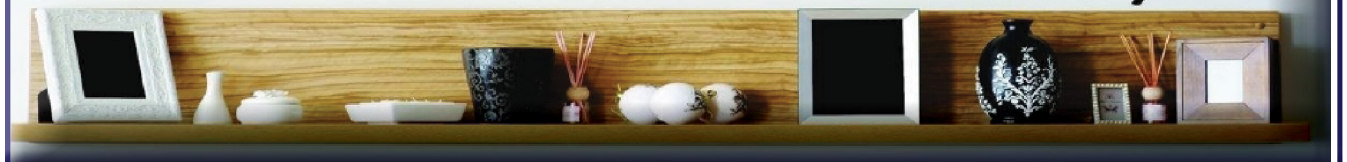
We are looking forward to the coming months of connecting with and getting out into homes to see your progress and successes. You are why our team continues to be passionate about doing this work.

Our Best, Laci Cornelison and the PEAK 2.0 Team



*Laci Cornelison, PEAK 2.0
Program Coordinator*

*Leaders think and talk about the
solutions. Followers think and
talk about the problems.*
-Brian Tracy



PEAK 2.0 and Your Business

I often hear person-centered care is the right thing to do. Then the “but” comes; but we will never be able to do it because it costs too much. Running a viable business is essential to supporting an organization’s mission. Organizations that provide care to elders will not exist if they are not fiscally stable and sustainable. There are some key challenges in today’s marketplace that influence business sustainability such as; workforce issues, census management and payer mix, quality and regulations. How do these challenges fit with the PEAK 2.0 program? What is the return on investment to implementing person-centered care? Read on to learn more.

Challenges and Opportunities:

Workforce

Census and Payer Mix

Quality

Regulations

Workforce:

Let’s face it. Workforce is one of the number one challenges of our day. It is more essential than ever to do all that we can to recruit and retain a quality workforce. Susan Gilster, PhD, RN, of the Alois Alzheimer Center (Pioneer Network, 2019), reports that staff want:

Respect and appreciation

Meaningful work

Education and clear expectations

Input in decisions

Communication

Competitive pay and promotion

Caring, nurturing leadership

PEAK 2.0 Criteria addresses almost all of the wants on this list. Implementing the PEAK 2.0 criteria and using the program resources, reinforces high levels of engagement across all levels of the organization, encourages employee growth and development including education, and outlines expectations of decentralized decision-making processes. Achieving PEAK criteria brings organizations closer to creating an environment where people want to work.

One PEAK 2.0 home reduced their staff turnover from 110 percent when they started the journey to implement person-centered care (PCC) to 35 percent once they had fully implemented PCC. That is a 75 percent reduction in turnover! In an organization of about 60 employees, that is equivalent to approximately \$375,000 in savings from reduced turnover per year.

Census and Payer Mix:

In a solid business model, we not only want to reduce expenses, but we also want to increase revenue. There are several ways to do this, but one important component is census management. We want to maximize our census and draw customers that produce a good fit with our services, producing an adequate profit margin to stay viable. That helps us maintain a fiscally healthy organization. In a time when increasing revenue through streams like Medicaid are not likely, growing or maintaining a high census is essential.

PEAK 2.0 and Your Business (cont'd)

It turns out that consumer satisfaction can be increased when PCC is implemented. We have reported findings from this work in prior newsletters. If you want to review this research, find it at https://www.hhs.k-state.edu/aging/outreach/peak20/pcc-resources/published_articles/jamda_study.pdf.

PEAK 2.0 has also influenced census in homes that have moved to the upper levels of the program through their work with PEAK. Several PEAK homes increased census by 15 percent consistently. One home went from an average of 45 residents annually to 54 residents annually. They report that the primary drivers of the increase was word of mouth advertising. This increased their revenue by an estimated \$600,000 annually through change in their average census.

Quality:

The Patient Driven Payment Model (PDPM) is here and will continue to change payment structures for long-term care services nationally. One of the primary principles of PDPM is paying for quality and cost effectiveness over volume, which means the higher your quality the more reimbursement you stand to receive. It is more important than ever before to be in tune to maximizing quality measures. As we have reported before, comprehensive adoption of person-centered practices through PEAK has proven to improve 7 of the 13 clinical measures and a composite measure indicating better health for residents in homes at higher levels of the PEAK program. To review these findings

review the following research article: https://www.hhs.k-state.edu/aging/outreach/peak20/pcc-resources/published_articles/clinical_outcomes.pdf.

Regulations:

The State Operations Manual (SOM) uses the term person-centered care 85 times throughout the document. Person-centered care is now the expectation, not optional. PEAK 2.0 has freely available tools to aid your process and free experts to help you navigate the implementation of person-centered care. The PEAK team recently developed a new resource that outlines the overlaps in person-centered care and the regulations. This resource can be found at https://www.hhs.k-state.edu/aging/outreach/peak20/2019-20/peak2.0_regulations.pdf.

Person-Centered Care and Return on Investment

The SCAN Foundation has done some work to develop the business case for person-centered care and the tool even has a return on investment calculator. Check out their full article on the business case here: http://www.thescanfoundation.org/sites/default/files/business_case_for_pcc_full_report_june_2016.pdf.

Return on Investment Calculator: <https://www.thescanfoundation.org/initiatives/person-centered-care/>.

Meet the PEAK Team

FEATURING: DONNA FOX

Donna Fox has been in healthcare in some capacity her entire 42-year career. It all started in 1971 when she became a CNA at a hospital. Since then she has worked as a pharmacy technician, in medical records, and as an administrator in a variety of settings. She served in long-term care for 22 years, including Meadowlark Hills Retirement Community, Medicalodge Eudora, Johnson County Nursing Center, and Sharon Lane. During her years at Medicalodge Eudora, she became active with the Kansas Culture Change Coalition and was one of their first board members.



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One of Donna's most beloved mentors, introduced her to person-centered care during her years at Meadowlark Hills when they first merged with Wharton Manor and began their culture change journey. This ignited her passion for person-centered initiatives and was one of the main reasons she went on to obtain her administrator's license. She was motivated to do more for residents

living in nursing homes. She remembers a time as a CNA, 50 years ago, where she worked with her peers to shower 4-5 residents at a time. This scene brings tears to her eyes even today and motivates her to help influence continued change in nursing homes. During her years at Johnson County Nursing Center and Medicalodge Eudora, she played an active role in advancing their person-centered care journeys. She started working with the PEAK 2.0 team in 2016.

Donna and her spouse, Steve, will celebrate their 50th wedding anniversary in 2021! They have two grown children, Nicki and Jerry. Nicki has blessed them with two grandchildren, Stephen (24) and Meghan (21). Jerry and his wife, Ashley, have blessed them with four amazing grandsons, Dylan (13), Connor (12), Peyton (9), and Sean (8). They retired in November of 2015 and have taken up RV living, spending time near their grandchildren and wintering in Florida, Arizona, and Virginia Beach.



Evaluation Readiness: Prep for Success

We are approaching the evaluation point in the PEAK 2.0 year. We have begun communicating with all homes that will receive an evaluation. Be sure to check your email and

phone messages regularly so you do not miss out. If your home is receiving an evaluation, there are a few things you might do to prepare your team.



1

REVIEW DOCUMENTS PRIOR TO SUBMISSION

Before turning in documents review them in comparison to the criteria. These documents should support your case. Clarify areas that might be confusing from an outsider's perspective.

2

COMPLETE AUDIT TOOLS

Pull together a team to complete the Core Area Audits for the cores being evaluated. Once complete come together to review them and make changes as necessary.



3

PRACTICE

Pull your team together and discuss examples within each core of how you live out the criteria. Reminisce about your experiences and tell stories that showcase your efforts. Don't script your responses but write down prompts of key stories to help the team remember them the day of the evaluation. It will help reduce nerves and help your team brag on themselves.



4

RELAX AND DO YOUR BEST!

Now, relax and do what you do every day to make life the very best it can be for the elders in your home.



Evaluation Readiness: Prep for Success (cont'd)

QUOTES:

“Use the resources available on the PEAK website. At Asbury Park, we use the audit tools and have been since I discovered them. We have a team of almost 20 staff members. We have staff with expertise in an area; such as, dietary and the Food core. They will audit this area and then someone else will audit it from a different point of view. PEAK belongs to everyone. I am the PEAK leader; I streamline the process. If I am seeing something on the audits or when I am doing rounds, I am on top of it and bring it to the team. They know what I know, which is very much PEAK. PEAK tells us what you are looking for; it is not a secret or surprise-like survey. Find that one person who is excited and passionate about PEAK and turn them loose. It will rub off and inspire others!”

– Michelle Hamm, Asbury Park

“I like to think that the evaluation can validate how far we have come in our journey. We sometimes take for granted all the steps we have been through to change our culture, so the evaluation is a good look back and an opportunity to reflect on how far we have come.”

– Jalane White, Asbury Park

“In preparing for evaluations, my best advice would be to utilize the tools that are provided and check throughout the year that you are staying on track. If you have questions or get stumped on one of the areas, reach out to the PEAK team or a Mentor home and ask for assistance. Think outside the box, just because it works for one home in Kansas doesn't mean it will work for yours, so adapt it to you and don't give up. The challenge of PEAK is hard at first, but as you get the buy in from the team, it makes everyday tasks easier and you will have happy residents and happy families, which means you will have happy staff!”

– Renee Porter, Dooley Center

“At Evergreen, we approach PEAK survey the same as we do our annual healthcare survey. We utilize the PEAK materials to walk us through each Domain and Core to ensure we are taking the requirements into consideration during our annual planning. It has become natural to review in our orientation as well as annual in-servicing. We also utilize the materials as a guide when working with the team on what to expect for the PEAK evaluation. Educating team members and residents on what questions they may be asked is an important part of our preparation. Team members are usually nervous and the more you can prepare them, the less likely they are to answer the way they think the evaluator may want them to answer, which may not be how you want them to answer. This also provides them with the opportunity to be thoughtful in their response and take pride in being part of your PEAK status. We find team members frequently are not familiar with the verbiage used or were not here when something was initiated, so when asked why we do something the way we do, they need education. Everything we do, we do because the residents want it that way and not because someone in the office said so.”

– Jamie Parades, Evergreen Retirement Community

Evaluation Preparation Tools:

Core Area Audits found at <https://www.hhs.k-state.edu/aging/outreach/peak20/2019-20/index.html>.