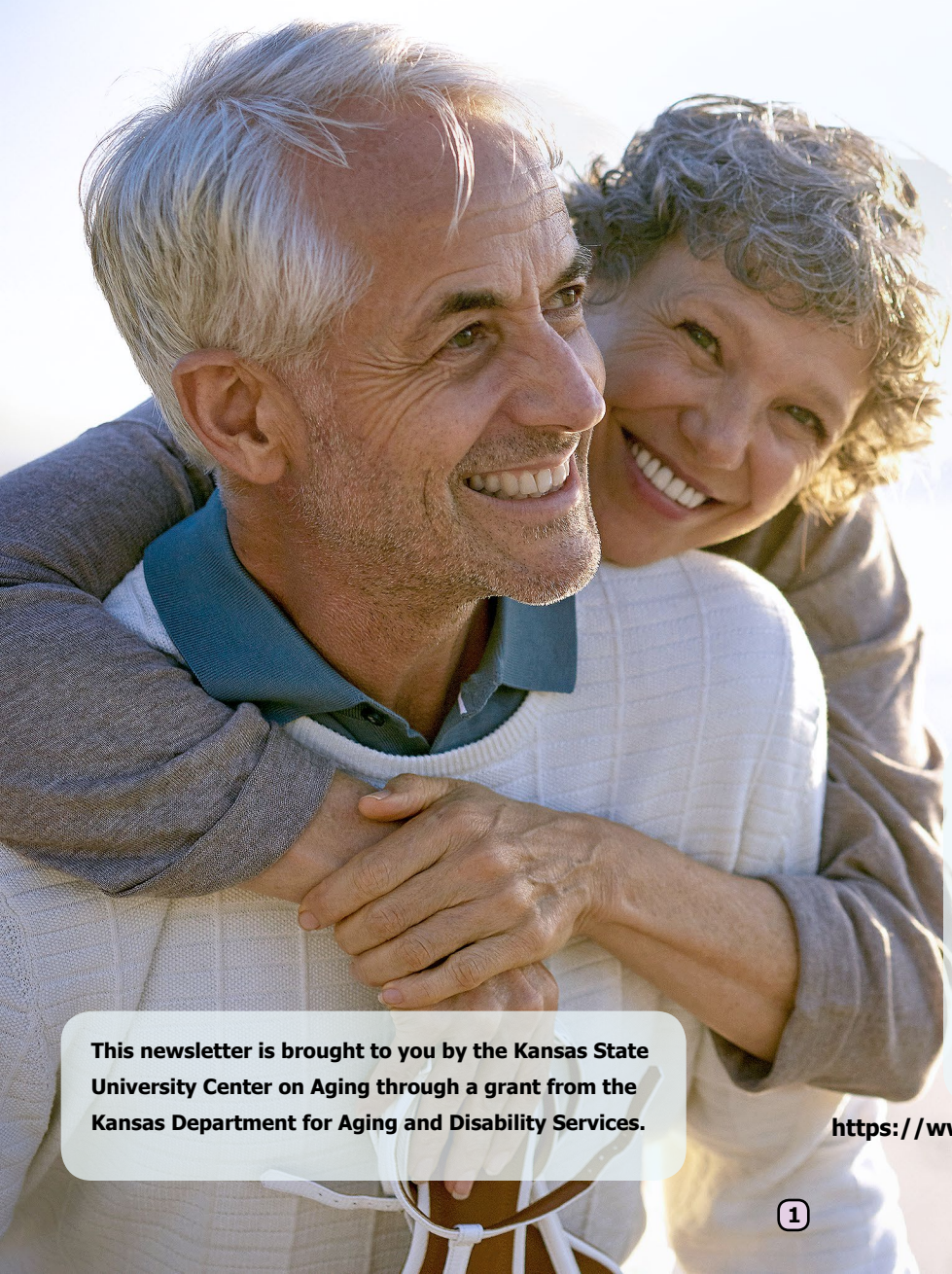


PEAK



2.0



NOVEMBER 2020

TABLE OF CONTENTS

PEAK Advisory Team Members and the Future of PEAK 2.0.....	2-3
PEAK Award Winners	4
COVID and PCC Resources	6
Crucial Conversations: Grow Your Team's Skills	6

Center on Aging

253 Justin Hall
Manhattan, KS 66506
(785) 532-2776
ksucoa@gmail.com

<https://www.hhs.k-state.edu/aging/outreach/peak20>

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.

PEAK Advisory Team and the Future of PEAK 2.0

One of the built-in strategies to continually improve the PEAK 2.0 program is the PEAK advisory team. It is made up of members of the PEAK staff, KDADS, and providers and advocates who apply to be a part of the team. This year, the selected providers and advocates identified an ambitious goal: to develop a proposal for re-visioning the PEAK 2.0 program. PEAK 2.0 has remained unchanged since 2012 and the group felt it time for some fresh changes to keep it relevant and usable for the future.

This group has been actively working since May of 2020 and plans to present their proposal officially to KDADS and the Nursing Facility Stakeholder group in December. Transparency is valuable to know the care and effort put in by this team and to know what to expect for the future of this incentive program. The rest of this article will be focused on sharing about the members of the team and the processes taking place leading up to the final proposal.



*Laci Cornelison, PEAK 2.0
Program Coordinator*

Meet the PEAK 2.0 Advisory Team Members:

Renee Porter, Chair
Dooley Center

Janie Bailey
Lakepoint Augusta

Jalane White
Pleasant View Home

Holly Noble
Attica Long Term Care

Sue Brenner
Leonardville Nursing Home

Shawn Sullivan
Midland PACE, formerly Mission Health

Velvet UnRein
Ombudsman

Christie Patrick
Lawrence Presbyterian Manor

Jamie Parades
Evergreen Retirement Community

PEAK 2.0 Team: Laci Cornelison, Gayle Doll, Migette Kaup, Jackie Sump, and Judy Miller

KDADS: Lacey Hunter and Georgianna Correll

ADVISORY TEAM WORK

At the first meeting in May, the providers and advocates elected a chair for the group, Renee Porter. She began leading the group right away and they identified several goals, including the re-visioning of the program. When discussing the revision, the team all agreed that person-centered care and the evidence-based definition should remain central to the program. KDADS also emphasized to this team that there is no movement or intention to dissolve the program. With these two big fundamentals in place, the team formed three work groups around the areas of re-visioning.

REVISION WORK GROUPS

Incentive & Program Structure:

(Shawn Sullivan, Janie Bailey, Sue Brenner, Jalane White and Jackie Sump with Georgianna Correll and Dave Halferty providing consultation as needed)

This team is looking at the incentive structure including levels and payment amounts to identify opportunities to improve motivation, value, and flexibility for participants. The spectrum of homes and the needs that they have is also being examined to see if there are more opportunities to diversify the program to address homes that need more challenge and those who lack stability and quality to engage in change.

Education:

(Renee Porter, Jamie Parades, Gayle Doll, and Judy Miller)

This team is looking at different ways in which homes can meet the PEAK criteria and busting

PEAK myths, better using mentor homes, and getting education embedded in surveyor training.

Rebranding and Marketing:

(Christie Patrick, Holly Noble, Velvet Unrein, Migette Kaup, and Laci Cornelison)

This team is identifying ways to recruit homes that have not been participating in the program, getting the word out about changes to the program, renaming the program, and redesigning promotional materials and marketing strategies.

These groups are actively working on their stated goals and will present their proposed changes/plans to the PEAK advisory team the beginning of December and to KDADS and the Nursing Facility Stakeholder group in mid-December. Specifics will be proposed in December and then passed on to KDADS to make final decisions. Information about the specific changes and revised program information will be released to all providers in early Spring.

We are excited about the future of PEAK 2.0 and specifically person-centered care delivery in Kansas. This is one more step in keeping Kansas at the forefront of advancing quality of care for frail elders. If you have any questions about this process, please contact Laci Cornelison or Renee Porter.

Laci Cornelison
785-410-1921
ljh8484@ksu.edu

Renee Porter
913-360-6240
porterrenee@dooleycenter.com

PEAK Award Winners

Despite COVID-19, four homes moved into the upper levels of the PEAK program this year. This type of achievement is a milestone moment. As you know, deep change requires commitment, hard work and every member of the organization. We want to celebrate and honor these homes.

Level 3: Person-Centered Care Homes for the 2019-20 year are:

- The Wheatlands Health Care Center – Kingman, KS
- Bethel Home, Inc. – Montezuma, KS
- The Shepherd's Center – Cimarron, KS
- Crestview Nursing and Residential Center – Seneca, KS

**“The harder you work for something,
the greater you will feel when you
achieve it.”
-Unknown**



COVID and PCC Resources

COVID & PCC RESOURCES

As COVID continues to remain one of our number one foes, remember that the PEAK 2.0 team has worked collaboratively with the Survey and Certification team to develop COVID and person-centered care resources. There are three documents filled with information to continue PCC while battling COVID.

Consistent Staffing Implementation: A “How to” Guide

Consistent staffing is not only an integral person-centered care practice, but also an infection control strategy. This resource provides a [how to guide](#) to implement consistent staffing.

The Importance of Resident Voice

In a time when resident autonomy is severely impacted, truly listening and actively seeking residents' voices daily is essential. This resources tangible best practices for [seeking resident voice](#).

COVID and Visitors

As COVID continues, opening up our homes to resident's loved ones becomes more and more important. Even so, the safety of our elders continues to be a priority. This resource was done in collaboration with the Survey and Certification team to help you navigate [COVID and visitors](#).

These can all be found on the PEAK website under the Person-Centered Care Resources tab.

CRUCIAL CONVERSATIONS: GROW YOUR TEAM'S SKILLS

Have you ever been in a conversation with people when your opinion was different from theirs, the stakes of the conversation were high, and the emotions were strong? If so, you have been in a Crucial Conversation. In organizations like nursing homes, you likely have many crucial conversations, with other team members, residents and their family members, and people like insurance representatives, inspectors, etc. In times of change, the chances of entering crucial conversations is even higher. How crucial conversations are handled can have a big impact on the actions that follow the conversation and the culture of your organization.

How do you prepare your teams for having crucial conversations? These conversations are happening, so there is great opportunity to grow your team's skills as they enter those conversations with each other. We highly recommend using the book Crucial Conversations as a way to build your team's skills.

Resources:

As you read the book, there are many online resources to aid you in discussing the book together. There are even role-playing activities. What if you don't have time to wade through all those online resources? We have put together some activities that might be useful to your team. Contact us to access these activities. We are happy to share.