

Edu-Catering Final Report to the Nursing Home Innovations Grant Board
CMS Dementia Care Focused Survey Workshops Year 1 – 2018 Full Summary

This grant began 9/25/17.

Oct. 2017 - Submitted curriculum for CMS Dementia Care Survey state-wide training

Jan. 2018 - Created an announcement to share with stakeholders to get the word out.

Feb. 2018 - Shared announcement with the following Colorado stakeholders to announce:

- DRCOG Denver ombudsmen
- The Legal Center state ombudsmen (several Legal Center ombudsmen did attend so must have shared)
- LeadingAge (confirmed received, not sure if sent to members)
- CHCA
- Colorado Culture Change Coalition (observed blast email sent)
- CDPHE – Jo Tansey, asked if blasts are still sent to nursing homes, never heard back
- Used my own email list of Colorado nursing home contacts.

Mar. 2018 – shared again with my own list of contacts.

April/May 2018 – collected registrations.

June – 2018 All six workshops took place as planned. Final report, sign in sheets and last invoice submitted by June 30, 2018. Also submitted Validation curriculum for 2019 workshops.

What follows is the compilation of results from all attendee groups required of each workshop including the following three “results measurement survey” questions required by the grant board answered per team and purposely kept together per team.

1. How knowledge learned will be shared with other nursing home employees.
 2. How knowledge learned will assist in improving resident outcomes.
 3. Any improvements that may be made to the training.
- Additionally, I asked for Ideas for Education.

Eastern Colorado on June 1, 2018 at Eben Ezer in Brush

Although 12 registered, only 6 people attended, representing 2 nursing home teams and 1 ombudsman.

Ombudsman:

1. Share with facilities/buildings visited especially those that have people living with dementia.
2. More positive outcome with residents. Residents who feel their lives still have meaning and purpose.
3. Great training. Lots of good information.
Podcasts would be helpful as well as webinars.

Eben Ezer (Eden Registered Home):

1. Share with our staff and department meeting and all staff meeting. Include in competency.
2. Add engagement to job descriptions and performance reviews. Give permission for staff to engage.
3. Technology (videos would have been great). (Could not get two videos to play over internet.)
Ideas for education: Webinars work best for us. Not full day, 2-4 hours is best.

Washington County (Green House Home):

1. Verbally with IDT. Survey tools shared with staff with additional education as required.
2. Better understanding of what surveyors are looking for.
3. More evenly distribute time over topics.

Western Slope on June 6, 2018 at Hilltop at the Commons in Grand Junction

Although 32 registered, 27 came. One team was a “no show” but another team brought more than I had been told which was great. There was a survey team, one Telligen/QIO rep, and 5 nursing home teams.

Paonia Care:

1. Communication to staff through staff meetings, 1:1 training and encouraging all staff input and participation.
2. Improving quality life of residents and our home’s atmosphere.

3. None

Ideas for education: webinars

Telligen/QIO representative:

1. I will link to all available (and free) resources in the Tellegenqinqio.com website. I will incorporate some of what I learned in classes and presentation. I will share information learned with homes I work with directly.
2. We will continue to measure overall improvement and will incorporate it into our work.
3. We are also always trying to find the best way to educate and train I wish I had a good answer as to the best format.

Mantey Heights:

1. Use the handouts (survey forms) and have staff complete and turn in by a specific date.
2. This will show us the opportunities to improve processes and outcomes.
3. Repeat this training in the area again so we can send more of our team.

Survey Team:

1. Look into more detailed interviews. Increase writing of tags related to. Sharing info with other surveyors, asking for additional learning from Carmen.
2. Writing deficiencies which will generate needed actions.
3. Carmen, you do a great job!!
Webinars are useful for scheduling, but live inservices are the best for engagement.

Willow Tree:

1. IDT education, various department education, 1:1 education.
2. Give residents better quality of life, more personalization.
3. Make a 2-day training so not rushed with more facility-to-facility interaction.
Ideas for education: In person education

Glenwood Springs Healthcare:

1. All staff inservices, department meetings, care conferences, resident and family council.
2. Quality of resident life, staff and family participation in resident life, better team work, more well-rounded care.
3. Split into two parts, a lot of information to absorb.
Ideas for education: In-person, live podcast.

LaVilla Grande:

1. Team to bring back information learned today and share with staff.
2. Learned lots of new ideas to possibly implement.
3. No- you do a fantastic job!

North Colorado on June 12, 2018 at Ft. Collins Village, Good Samaritan Society

Although 15 registered, 13 came representing 3 nursing homes and 1 discharge planner who also owns a day care center.

Good Samaritan Society – Ft. Collins Village:

1. Give packet to Leadership team involved, share “Lessons Learned” from training with appropriate staff.
2. Practice: think about the emotions behind the words – rephrase questions to VALIDATE feelings, then redirect. Offer more choices for personal preference. Find out rules/ability to involve residents in “real” activities, ex. folding napkins, gardening.
3. Better communication to describe focus of the training. We felt “wrong people” attended from our community. None of are involved with care plans/survey. Would prefer not to have each slide read to us. Rather, highlight key points. Loved focus on practical dementia tips.

The Peaks Care Center:

1. Knowledge learned today will be shared in AM meeting as well as IDT for further discussion.
2. Knowledge learned will assist in improving outcomes by paying attention to the language and involving residents in daily work habits. As well as supporting the care team in making necessary changes.
3. I thought the training was very good. I have no recommendations of change at this time.

Good Samaritan – Bonell:

1. All staff trainings communicating with dept. heads, incorporate in PIPs.
2. Reduction of anti-psych meds used without condition, increase quality of life and psychosocial wellbeing.
3. None, very informative! \”/

Hospital discharge planner:

1. During staff meeting will share ideas of increasing personalization of care plan especially related to highest practicable wellbeing. Will tell staff about what you shared about being a reporter, conversations starters and wisdom books.

2. Staff will be able to personally utilize information during interactions with members/individuals as well as share this knowledge with the spouse/caregiver to allow each individual a larger capacity to participate.
3. No improvements.

Ideas for education: in person preferred, web/podcast second choice especially if the initial interactive presentation is recorded so I can watch at a time that works for me.

South Denver on June 13, 2018 at Shalom Park in Aurora

Although 30 registered, 23 came, representing 5 nursing homes and 1 ombudsman.

Franklin Park/Brookshire (table that sat together)

1. Morning leadership/all staff/posting language staff bulletin board.
2. Change cultural thoughts/language.
3. Table interaction (with other tables)

Ideas for Education: In person coaching at our morning meetings.

Julia Temple:

1. Inservice, neighborhood watch.
2. Reduction of falls, improved engagement, better care plans.
3. It was great!

Ideas for education: Webinars (on demand) and in person training.

Shalom Park:

1. Share in team and leadership meetings and floor circles/huddles. Share main points in our educational newsletter.
2. Suggestions for increased engagement will help reduce falls and help with overall sense of wellbeing.
3. A preconference notice to choose a case study to focus on. More examples from other attending groups/peers. The Power Point could also use some more color and graphics.

Clermont Park:

1. Knowledge learned will be shared. - Just about all of it! Will include resident groups, eval the care plan process; re-evaluate quality of life un-silo-ed (not just life enrichment!).
2. See above. Even if you commit to one thing we discussed today – resident, family and staff lives improve!

3. Loved all of it. Know that everything discussed could be applied to services provided. AL support!

Thank you Carmen! Excellent!!!

Podcasts would be really great.

It was really fun. Thanks for supporting group discussion but also being okay with table discussion throughout.

Dang we should have brought more people!!! (Did send two the next week.)

North Denver on June 19, 2018 at Covenant Village in Westminster

Although 34 registered, 33 attended representing 8 nursing homes and 1 consulting company.

Covenant Village:

1. Share with IDT: culture change, change words, daily huddles.
2. Improve:
 - a. More staff and residents are engaged, the better
 - b. Increased awareness.
 - c. Need reminders to improve.
 - d. All on team can participate.
3. Improvements
 - a. An agenda would help, time and plan for day.
 - b. Presentation = great but hard to keep up with where presenter was.
 - c. Having snacks was helpful.
 - d. Title was a little confusing though very good information.

Julia Temple:

1. Several of us will be presenting a condensed version of this info to a couple of our company's buildings. We will also do on the spot, ongoing training.
2. Personalized care plans, sleep care plan (new), focusing more on person-centered care, changing the language in the building.
3. Very good training, Carmen is very engaging with the audience.

Clermont Park:

1. 1;1 inservices with our staff members, staff meetings.
2. Get everyone to think and ask more question of our residents and be more collaborative.
3. Training was done well. Like the active learning and engagement.

Someren Glenn:

1. Training with everyone.
2. Help give Pokler (?) to things that he felt he didn't have time to do. (The team's chosen sample resident.)
3. No improvements necessary, very good information.

Franklin Park:

1. Provide ideas to staff.
2. No boredom, more outings, less falls, improve quality of life.
3. GREAT. \"/

Brookshire House:

1. Huddles, thoughts toward this, input/ideas to
2. Develop better assessments and care plans to better serve our residents' needs and quality of life.
3. Encourage other department to other than nursing. Explain who would benefit.

Arbor View:

1. Bring to our Memory Care Improvement Committee.
2. Provide a better quality of life by giving more tools for care partners to get there. Make care plans an actually useful tool.
3. Can't think of anything.

Pages of Life Consulting:

1. We plan to share this knowledge through our consultation work.
2. This knowledge will assist in improving outcomes by giving communities tools and the power to make changes.
3. We cannot think of any improvements to be made.

Avamere – Northglenn

1. Mock tags, inservice/trainings, involve more CNAs in our meetings.
2. Decrease in unmet needs, increase in quality of life for residents.
3. More recognition and inclusivity of heteronormative.

South Colorado on June 20, 2018 at Rawlings Public Library in Pueblo

Although 30 registered, 23 attended representing 6 nursing homes.

Laurel Manor:

1. Knowledge learned will be shared through leading by example, all staff education, and communicating to our peers this experience.

2. Knowledge learned will assist in improving outcomes by providing a calm environment with residents being more engaged and staff becoming more personally involved in residents' well-being.
3. Maybe make it a two-day class to be able to cover more and in-depth discussions.

Southeast Hospital Inn and Cottage

1. Team huddles, visiting with staff, being an example of how I talk and discuss with neighbor.
2. I will ask more questions about potential needs/wants/stressors from families and neighbors.
3. (blank)

Rock Canyon:

1. Shared with staff that are hands on with people with dementia.
2. Gives goals to work toward decreasing agitation. Changing culture through language.
3. Did fantastic, kept us engaged and focused.

Skyline Ridge:

1. We will share knowledge staff education, open discussions with all departments and by our example.
2. Outcomes will be improved by closer observation, awareness and staff engagement. More "I" care plans based on what the resident needs, says and does.
3. Handouts available

Spanish Peaks:

1. Will share at IDT, QAPI Steering and quarterly QAPI meetings – contact individual departments.
2. Present new tags with ideas on improvement and implementation
3. Always great training.

Walsh Healthcare Center:

1. Implement in "home," inservices, Eden certified
2. Individualized care, CHOICES
3. Very good, lots learned!!!

Project Summary

Perceived successes

Thankfully, a majority of team comments included they were glad they came, good information, active learning and very engaging. Also, one wanted it longer, i.e. 2 days and one requested to repeat this training in the area again to send more teammates. Administrators who attended on June 13 got so excited they put the word out for more to come the next week, i.e. Clermont Park sent more plus their sister home Someron Glenn came, Franklin Park sent more, and Julia Temple sent more plus corporate Ensign team members.

Also, one person asked for an agenda in an email and you see the idea given above, thus I quickly crafted one (see attachment) to help describe what would take place during the day. I don't feel comfortable saying which roles should come, I leave that to administrators but did send out midway and will do for next workshops next summer as well.

Certainly, all the above ideas shared on how knowledge will be shared is exciting, the varying venues as well as all of the above perceived positive outcomes for residents are also very positive.

Learning objectives most successful

By virtue of the resident outcomes cited by teams, the learning objective of sharing/highlighting the best/culture change practices now reflected in the CMS Dementia Care Focused Survey seems most successful. Did spend majority of time on and gave teams time to discuss, the best practices reflected in the new CMS Dementia Care Focused Survey such as honoring sleep, getting residents outdoors, music, preventing distress, and meaningful engagement. One comment stated to spend equal time, but this is not possible even in an all-day workshop. What I did to respond to this was send an agenda and will do so also for next year's workshop so that participants know ahead of time the plan, what will be highlighted, etc. Practices that seem to be in place in most nursing homes such as pain assessments and use of adaptive equipment were not highlighted and group agreed with this as I asked each time.

Improvement areas

Some changes were made in subsequent workshops as a result of feedback such as summarizing slides with survey text.

Had fun inviting groups to "conduct their own survey" and compare the resident sample form to a selected resident during the day. Groups were then invited to cite their own deficiencies. I asked groups individually, not corporately, (learned from the session with surveyors present that no one answered this question publically, so changed how I used it) how many deficiencies they would cite.

Two CMS Survey Worksheets were used as handouts as well as the Power Point presentation slides and formed the agenda:

- 1) The Facility-Specific Questions form, and
- 2) The Resident-Specific Questions form.

They area also attached. Teams were asked to use these throughout the day.

Some asked that there be handouts, but this is always an issue with projects like this. I sent handouts twice to each team's original contact as I have no other contacts at that point, and sometimes they miss them, so the team comes with none. I did send them out after the fact as well asking for email addresses for everyone.

The second year of this grant begins July 2019. The plan will be similar to this year with securing locations, getting the word out, collecting registrations sharing agenda and then conducting the six state-wide workshops on the excellent and helpful techniques of Validation®. I closed each workshop telling the participants that a second workshop will be coming most likely in June 2019.

Thank you for the opportunity to share this good information throughout our state.

Respectfully submitted,
Carmen Bowman June 28, 2018

Agenda sent in email to remaining groups on 6/18/18

This workshop works through *every detail* of the new CMS Dementia Care Focused Survey inviting the team to "be their own surveyor" and **conduct a survey of your home** keeping a sample resident in mind and determining "deficient practice" at the end (privately).

We work through and use the **exact survey tools**:

- 1) The Facility-Specific Questions form, and
- 2) The Resident-Specific Questions form.

Areas covered in the new survey:

Dementia Care Policies and Procedures

Dementia Care Training and Education

Dementia Care Practices

Comprehensive Assessment

Recognition of Expressions of Distress

Care Plan Development

Care Plan Implementation

Pharmacological Interventions and Non-Pharmacological Approaches

What will be highlighted are the best practices/culture change practices imbedded in this new survey process which is why I'm teaching it - very exciting. Administrators that have come have *said they wish they would have sent more team members*.